

MAINE

Health Professionals 1979 - 1980

HEALTH MANPOWER RESOURCES



**BUREAU OF
HEALTH PLANNING
AND DEVELOPMENT**

COOPERATIVE HEALTH MANPOWER RESOURCE INVENTORY

Health Professionals 1979-1980

- | | |
|-----------------------------|-------------------------------|
| . Physicians (M.D.) | . Dentists |
| . Physicians (D.O.) | . Dental Hygienists |
| . Registered Nurses | . Optometrists |
| . Licensed Practical Nurses | . Nursing Home Administrators |
| . Physical Therapists | . Veterinarians |
| . Podiatrists | |
| . Chiropractors | |

Prepared by

Bureau of Health Planning and Development
Maine Department of Human Services

with partial funding by the

Cooperative Health Statistics System
National Center for Health Statistics

Contract #HRA 233-79-2050

ACKNOWLEDGEMENTS

The statistical data presented in this report were collected as a cooperative effort by many individuals and groups.

The developmental work for the Cooperative Health Statistics System's health manpower surveys was conducted by the Human Services Development Institute at the Center for Research and Advanced Study, University of Maine at Portland-Gorham, in conjunction with the Maine Department of Human Services. This work was carried out under a subcontract from the Maine Department of Human Services with funding being obtained by the Department through a contract (#HRA 106-74-110) with the National Center for Health Statistics. The work represented in this report was completed by the Bureau of Health Planning and Development within the Department under its current contract, #HRA 233-79-2050.

The various Boards of Registration have cooperated in designing the survey forms on which this report is based and, in some cases, specific professional associations provided invaluable support. The surveys could not have been successful without the willingness of individual health professionals to supply the data.

Under the general guidance of Ellen Naor, Director of the Division of Data and Research, Bureau of Health Planning and Development, this report was produced by Donald R. Lemieux, Planning and Research Associate I. Maintenance and update of health manpower files were provided by Deborah Smiley, Health Manpower Coordinator. Systems work and technical assistance were provided by Carl S. Gerry, Analyst Programmer II. The report was typed for publication by Helen Sue Whitley.

December, 1981

GUIDELINES FOR DATA USE

The Maine Bureau of Health Planning and Development requests that the following guidelines be followed in any further publication or release of data from this report:

- a. Any published material derived from the data should acknowledge the Maine Cooperative Health Statistics System, Bureau of Health Planning and Development, Department of Human Services, as the original source. It should also include a disclaimer which credits any further analyses, interpretations, or conclusions reached to the author, and not to the Bureau.
- b. Recipients who wish to publish a technical description of the data should make a reasonable effort to insure that the description is not inconsistent with that published by the Bureau.

TABLE OF CONTENTS

	Page
List of Tables.....	ix
Introduction.....	1
Technical Notes.....	2
1. Physicians (M.D.).....	5
2. Physicians (D.O.).....	17
3. Registered Nurses.....	29
4. Licensed Practical Nurses.....	41
5. Physical Therapists.....	51
6. Podiatrists.....	61
7. Chiropractors.....	73
8. Dentists.....	83
9. Dental Hygienists.....	95
10. Optometrists.....	105
11. Nursing Home Administrators.....	117
12. Veterinarians.....	127
Appendix: Health Manpower Resource Inventories.....	139

TABLES

	<u>Description</u>	<u>Page</u>
Allopathic Physicians		
Table 1.1	Licensed in Maine by Place of Residence.....	7
1.2	Licensed in Maine by Activity Status, Place of Residence and Employment.....	8
1.3	Active in Maine: Number, Percent and Ratio to Population by County of Employment.....	9
1.4	Active in Maine by Specialty and County of Employment.....	10
1.5	Active in Maine by Age and County of Employment.....	11
1.6	Active in Maine by Selected Characteristics.....	12
1.7	Active in Maine by Form of Employment, Age and Hours.....	14
1.8	Active in Maine by Work Setting, Age and Hours..	15
Osteopathic Physicians		
Table 2.1	Licensed in Maine by Place of Residence.....	19
2.2	Licensed in Maine by Activity Status, Place of Residence and Employment.....	20
2.3	Active in Maine: Number, Percent and Ratio to Population by County of Employment.....	21
2.4	Active in Maine by Specialty and County of Employment.....	22
2.5	Active in Maine by Age and County of Employment.....	23
2.6	Active in Maine by Selected Characteristics.....	24
2.7	Active in Maine by Form of Employment, Age and Hours.....	26
2.8	Active in Maine by Work Setting, Age and Hours..	27

TABLES (continued)

	<u>Description</u>	<u>Page</u>
Registered Nurses		
Table 3.1	Licensed in Maine by Place of Residence.....	31
3.2	Licensed in Maine by Activity Status, Place of Residence and Employment.....	32
3.3	Active in Maine: Number, Percent and Ratio to Population by County of Employment.....	33
3.4	Active in Maine by Area of Practice and County of Employment.....	34
3.5	Active in Maine by Age and County of Employment.....	35
3.6	Active in Maine by Selected Characteristics.....	36
3.7	Active in Maine by Type of Position, Age and Hours.....	38
3.8	Active in Maine by Work Setting, Age and Hours..	39
Licensed Practical Nurses		
Table 4.1	Licensed in Maine by Place of Residence.....	43
4.2	Licensed in Maine by Activity Status, Place of Residence and Employment.....	44
4.3	Active in Maine: Number, Percent and Ratio to Population by County of Employment.....	45
4.4	Active in Maine by Age and County of Employment	46
4.5	Active in Maine by Selected Characteristics.....	47
4.6	Active in Maine by Work Setting, Age and Hours..	49

TABLES (continued)

	<u>Description</u>	<u>Page</u>
Physical Therapists		
Table 5.1	Licensed in Maine by Place of Residence.....	53
5.2	Licensed in Maine by Activity Status, Place of Residence and Employment.....	54
5.3	Active in Maine: Number, Percent and Ratio to Population by County of Employment.....	55
5.4	Active in Maine by Age and County of Employment.....	56
5.5	Active in Maine by Selected Characteristics.....	57
5.6	Active in Maine by Form of Employment, Age and Hours.....	59
5.7	Active in Maine by Work Setting, Age and Hours..	60
Podiatrists		
Table 6.1	Licensed in Maine by Place of Residence.....	63
6.2	Licensed in Maine by Activity Status, Place of Residence and Employment.....	64
6.3	Active in Maine: Number, Percent and Ratio to Population by County of Employment.....	65
6.4	Active in Maine by Specialty and County of Employment.....	66
6.5	Active in Maine by Age and County of Employment.....	67
6.6	Active in Maine by Selected Characteristics.....	68
6.7	Active in Maine by Form of Employment, Age and Hours.....	70
6.8	Active in Maine by Work Setting, Age and Hours..	71

TABLES (continued)

	<u>Description</u>	<u>Page</u>
Chiropractors		
Table 7.1	Licensed in Maine by Place of Residence.....	75
7.2	Licensed in Maine by Activity Status, Place of Residence and Employment.....	76
7.3	Active in Maine: Number, Percent and Ratio to Population by County of Employment.....	77
7.4	Active in Maine by Age and County of Employment.....	78
7.5	Active in Maine by Selected Characteristics.....	79
7.6	Active in Maine by Form of Employment, Age and Hours.....	80
7.7	Active in Maine by Work Setting, Age and Hours..	81
Dentists		
Table 8.1	Licensed in Maine by Place of Residence.....	85
8.2	Licensed in Maine by Activity Status, Place of Residence and Employment.....	86
8.3	Active in Maine: Number, Percent and Ratio to Population by County of Employment.....	87
8.4	Active in Maine by Specialty and County of Employment.....	88
8.5	Active in Maine by Age and County of Employment.....	89
8.6	Active in Maine by Selected Characteristics.....	90
8.7	Active in Maine by Form of Employment, Age and Hours.....	92
8.8	Active in Maine by Work Setting, Age and Hours..	93

TABLES (continued)

	<u>Description</u>	<u>Page</u>
Dental Hygienists		
Table 9.1	Licensed in Maine by Place of Residence.....	97
9.2	Licensed in Maine by Activity Status, Place of Residence and Employment.....	98
9.3	Active in Maine: Number, Percent and Ratio to Population by County of Employment.....	99
9.4	Active in Maine by Age and County of Employment.....	100
9.5	Active in Maine by Selected Characteristics.....	101
9.6	Active in Maine by Form of Employment, Age and Hours.....	103
9.7	Active in Maine by Work Setting, Age and Hours..	104
Optometrists		
Table 10.1	Licensed in Maine by Place of Residence.....	107
10.2	Licensed in Maine by Activity Status, Place of Residence and Employment.....	108
10.3	Active in Maine: Number, Percent and Ratio to Population by County of Employment.....	109
10.4	Active in Maine by Specialty and County of Employment.....	110
10.5	Active in Maine by Age and County of Employment.....	111
10.6	Active in Maine by Selected Characteristics.....	112
10.7	Active in Maine by Form of Employment, Age and Hours.....	114
10.8	Active in Maine by Work Setting, Age and Hours..	115

TABLES (continued)

	<u>Description</u>	<u>Page</u>
Nursing Home Administrators		
Table 11.1	Licensed in Maine by Place of Residence.....	119
11.2	Licensed in Maine by Activity Status, Place of Residence and Employment.....	120
11.3	Active in Maine: Number, Percent and Ratio to Population by County of Employment.....	121
11.4	Active in Maine by Age and County of Employment.....	122
11.5	Active in Maine by Selected Characteristics.....	123
11.6	Active in Maine by Form of Employment, Age and Hours.....	125
11.7	Active in Maine by Work Setting, Age and Hours..	126
Veterinarians		
Table 12.1	Licensed in Maine by Place of Residence.....	129
12.2	Licensed in Maine by Activity Status, Place of Residence and Employment.....	130
12.3	Active in Maine: Number, Percent and Ratio to Population by County of Employment.....	131
12.4	Active in Maine by Specialty and County of Employment	132
12.5	Active in Maine by Age and County of Employment.....	133
12.6	Active in Maine by Selected Characteristics.....	134
12.7	Active in Maine by Form of Employment, Age and Hours.....	136
12.8	Active in Maine by Work Setting, Age and Hours..	137

INTRODUCTION

This report has been prepared as one of a series which provide basic profiles of twelve licensed health professions in Maine. The professions covered by the Health Manpower Resource Inventories are: allopathic physicians, osteopathic physicians, registered nurses, licensed practical nurses, physical therapists, podiatrists, chiropractors, dentists, dental hygienists, optometrists, nursing home administrators, and veterinarians.

The data tables presented within this report are based upon inventories conducted in 1979 and 1980. Attempts were made to tailor the surveys to the individual occupation in order to obtain more pertinent information.

Dental hygienists, registered nurses, nursing home administrators, optometrists, and podiatrists were surveyed in 1979; chiropractors, dentists, allopathic physicians, osteopathic physicians, physical therapists, licensed practical nurses, and veterinarians in 1980. Special reports providing additional data regarding Maine's physicians and nurses will be available in early 1982.

The data supporting the compilation of tables found in this report as well as special tabulations are available for further analysis. Requests should be addressed to the Bureau of Health Planning and Development, Maine Department of Human Services, State House, Augusta, Maine 04333.

TECHNICAL NOTES

Background

These Health Manpower Resource Inventories comprise one component of the Cooperative Health Statistics System (CHSS) developed by the National Center for Health Statistics.

The CHSS is a federal-state program designed to provide a minimum core of essential data in each state using the same definitions, measurements and time periods. The states benefit by having detailed data available for quick access to satisfy health planning needs, rather than relying upon national data and projections several years old.

Data Collection

Licensure of the twelve professions included in the Health Manpower Resource Inventories is carried out by separate, autonomous boards of licensure, with separate dates for relicensure. Although most boards relicense annually CHSS health manpower surveys are conducted biannually for all professions.

The Health Manpower Resource Inventory is, in most instances, enclosed with the relicensure application, mailed by the Board 30 to 60 days prior to the relicensure date and returned to the Board. (See Appendix for copies of the questionnaires.) In 1980, osteopathic physicians were surveyed directly by the project in conjunction with the Maine Osteopathic Association. The date contained in each table indicates the license renewal date for that occupational group with the exception of the osteopathic physicians where it indicates the survey date.

Survey information is provided by the licensee on a voluntary basis and is not in general further verified. Data in this report are thus subject to the usual limitations associated with the use of mail questionnaire data collection procedures.

After the close-out date for relicensure (usually 30 days after the date of relicensure), the returned surveys are checked for accuracy; response rates are computed; and a followup is conducted either by mail or telephone. Survey responses are coded, key-punched, and verified; data processing and report generation are carried out by the Cooperative Health Statistics System, Manpower Component.

Tabulations

Federal employees who do not provide patient care outside a federal facility are not required to maintain an active Maine license; also, physicians participating in residency programs are not required to maintain a Maine license. While some such individuals choose to maintain an active license, many others do not. In addition, a substantial number of health professionals maintain Maine licenses even though they neither work nor live in Maine. Although this report includes some data on all persons licensed in Maine, most tables describe the characteristics of health professionals who are actively working in Maine.

The data displayed in this report do not reflect all data collected through the Health Manpower Resource Inventory. There is some variation in data elements in each licensed profession, but generally the core items are: address (residence and employment), activity status, reason for inactivity, date of birth, sex, race, graduation state and year, degree level, years active, weeks worked per year, hours worked per week, form and setting of employment, and specialty.

It should be noted that, for many professions, the relatively small number of licensees in each occupational group may lead to small numbers of persons in specific tabulations and thus preclude meaningful analysis and comparison.

Limitations

Tabulations are based on edited files which have been corrected for missing and erroneous information which came to light subsequent to initial data compilation; there are therefore some discrepancies with reports circulated prior to this publication. Data in these early reports are superseded by the tabulations in the present document.

Definitions

Geographic Area: Tables are presented by Maine's sixteen counties or for the state as a whole. Special reports can be produced by municipality or any combination of municipalities such as Planning and Development Districts, Hospital Service Areas, and Regional Planning Commission Areas. Geographic area of either residence or employment may be used.

Names and residence address are provided by the Boards. However, residence information will be used only in three instances: 1) to account for and assign all non-respondents to a town; 2) to assign all inactive licensees to a town; and 3) to reconcile and show movement across county or state lines for active licensees.

Age: Age is obtained from date of birth. The date of birth may be available for non-respondents from previous surveys or from the Board.

Employment Status and Activity Level: This category indicates whether the respondent considers himself/herself to be currently active in the licensed profession. Active respondents are then asked number of weeks worked in the last year and number of hours worked in an average week. As definitions of full-time and part-time vary, the hours may be grouped to suit the desired definitions.

Specialty: As appropriate, health professionals are asked to identify their specialty. This information is thus obtained through voluntary self-identification and self-assessment and does not imply board certification or board eligibility.

ALLOPATHIC PHYSICIANS (M.D.)

July 1, 1980

Table 1.1
ALLOPATHIC PHYSICIANS LICENSED IN MAINE
BY PLACE OF RESIDENCE
July 1, 1980

Place of Residence	All Licensed	Non-Respondents	Respondents	% Response
All Licensed	4811	373	4438	92.2
Out of State	3008	350	2658	88.4
MAINE - TOTAL	1803	23	1780	98.7
Androscoggin	169	1	168	99.4
Aroostook	84	2	82	97.6
Cumberland	509	6	503	98.8
Franklin	36		36	100.0
Hancock	78		78	100.0
Kennebec	213	2	211	99.1
Knox	87	3	84	96.6
Lincoln	46	2	44	95.7
Oxford	54	1	53	98.1
Penobscot	228	2	226	99.1
Piscataquis	22		22	100.0
Sagadahoc	27		27	100.0
Somerset	37		37	100.0
Waldo	37	2	35	94.6
Washington	32	1	31	96.9
York	144	1	143	99.3

ALLOPATHIC PHYSICIANS LICENSED IN MAINE
BY ACTIVITY STATUS, PLACES OF RESIDENCE AND EMPLOYMENT
July 1, 1980

[illegible]

Table 1.3
ACTIVE ALLOPATHIC PHYSICIANS IN MAINE*
NUMBER, PERCENT AND RATIO TO POPULATION BY COUNTY OF EMPLOYMENT
July 1, 1980

County of Employment	Number		Percent of Total		Ratio: M.D.'s to Population
	Actives	Population ^a	Actives	Population	
MAINE-TOTAL	1,592	1,116,500	100.0	100.0	1: 701
Androscoggin	167	97,000	10.5	8.7	1: 581
Aroostook	81	98,900	5.1	8.8	1:1,220
Cumberland	438	209,800	27.5	18.8	1: 479
Franklin	30	26,600	1.9	2.4	1: 887
Hancock	57	42,600	3.6	3.8	1: 747
Kennebec	222	106,100	13.9	9.5	1: 478
Knox	63	34,600	4.0	3.1	1: 549
Lincoln	25	25,600	1.6	2.3	1:1,024
Oxford	44	47,700	2.8	4.3	1:1,084
Penobscot	227	140,200	14.3	12.6	1: 618
Piscataquis	18	17,000	1.1	1.5	1: 944
Sagadahoc	23	28,500	1.4	2.6	1:1,239
Somerset	28	46,000	1.8	4.1	1:1,643
Waldo	18	29,100	1.1	2.6	1:1,617
Washington	29	35,800	1.8	3.2	1:1,234
York	122	131,200	7.7	11.8	1:1,075

Notes: Percentages calculated on fewer than 10 individuals are subject to large chance fluctuations and must be interpreted cautiously.
Percentages may not add due to rounding.

*Licensed, active professionals working in Maine who responded to survey.

^a1980 Projected Population. From Maine Population Projections, Bureau of Health Planning and Development, Maine Department of Human Services, 1980 Series.
Figures may not add due to rounding.

Table 1.4
ACTIVE ALLOPATHIC PHYSICIANS IN MAINE*
BY SPECIALTY AND COUNTY OF EMPLOYMENT
July 1, 1980

Specialty	COUNTY OF EMPLOYMENT																
	Total	Androscoggin	Aroostook	Cumberland	Franklin	Hancock	Kennebec	Knox	Lincoln	Oxford	Penobscot	Piscataquis	Sagadahoc	Somerset	Waldo	Washington	York
MAINE - TOTAL	1,592	167	81	433	30	57	222	63	25	44	227	18	23	28	18	29	122
Allergy	10			3			1	1		1	3	1					
Anesthesiology	59	7	4	20	1		5	4		1	8		2	1	1		5
Cardiovascular Dis.	30	3		14			4			1	4		1		1		2
Dermatology	11	1		6			1	1			4						
Emergency Medicine	59	11	1	12	3		8	1		4	10			2			7
Family Practice	200	23	7	35	7	10	24	9	10	8	25	5	4	3	4	2	24
General Practice	100	9	12	11	3	8	10	2	3	3	14	1	1	4	1	9	9
Internal Medicine	199	15	12	60	3	10	27	12	4	4	21	3	2	3	2	3	18
Neurology	12			5			2				5						
OB-GYN	73	12	3	26		4	7	3			9		2	1			6
Ophthalmology	47	4	3	13		2	9	2			6	1		1	1	1	4
Otorhinolaryngology	26	5	1	7	1		5	1			4		1				1
Pathology	41	5	2	8	1	1	9	1		2	7			2			3
Pediatrics	83	7	6	28	1	4	11	2	1	2	12		1	1	1	1	5
Psychiatry	85	6		32	1	1	20	5		1	13					1	5
Pulmonary Disease	12	1	1	6			1				3						1
Radiology	38	5	2	13		1	5	1	1	1	3			2		1	3
Radiology (Diag.)	32	3	3	7	1	2	3	2		2	6	1				1	1
Surgery (General)	124	9	11	25	3	6	19	5	2	5	9	2	4	4	3	5	12
Surgery (Neuro.)	11	1		4			4				2						
Surgery (Ortho.)	59	7	1	15	2		10	4		2	8	2		1	1	1	5
Surgery (Urolog.)	30	4	2	8			5	2		1	6			1			1
All Other Specialties ^a	137	14	3	59		4	20	1		1	28		2			2	2
Unknown	112	15	8	21	3	4	12	4	4	5	17	2	3	2	3	2	7

*Licensed, active professionals working in Maine who responded to survey.

^a Specialty groups reported by less than 10 physicians: Aerospace Medicine, Diabetes, Endocrinology, Gastroenterology, General Preventative Medicine, Geriatrics, Gynecology, Hematology, Infectious Disease, Laryngology, Neoplastic Diseases, Nephrology, Child Neurology, Nuclear Medicine, Obstetrics, Occupational Medicine, Otolaryngology, Clinical Pathology, Forensic Pathology, Pediatrics (Cardiology), Physical Medicine and Rehabilitation, Child Psychiatry, Psychosomatic Medicine, Public Health, Therapeutic Radiology, Rheumatology, Diagnostic Roentgenology, Surgery (Abdominal), Surgery (Cardiovascular), Surgery (Colon and Rectal), Surgery (Pediatrics), Surgery (Plastic), Surgery (Thoracic), Other.

Table 1.5
ACTIVE ALLOPATHIC PHYSICIANS IN MAINE*
BY AGE AND COUNTY OF EMPLOYMENT

July 1, 1980

County of Employment	Age							
	All Ages	Under 25	25-34	35-44	45-54	55-64	65 and Over	Unknown
MAINE-TOTAL	1,592	-	293	464	330	303	176	26
Percent ^a	100.0	-	18.7	29.6	21.1	19.3	11.2	-
Androscoggin	167		36	45	33	34	17	2
Aroostook	81		16	21	22	16	5	1
Cumberland	438		75	135	108	71	40	9
Franklin	30		3	19	2	3	1	2
Hancock	57		12	8	15	13	8	1
Kennebec	222		34	50	48	54	33	3
Knox	63		10	18	18	10	7	
Lincoln	25		7	5	3	6	4	
Oxford	44		5	13	9	8	8	1
Penobscot	227		40	82	39	43	18	5
Piscataquis	18		5	4	1	7	1	
Sagadahoc	23		4	7	5	4	3	
Somerset	28		6	6	6	5	5	
Waldo	18		4	5	5	2	2	
Washington	29		9	8	2	5	5	
York	122		27	38	14	22	19	2

*Licensed, active professionals working in Maine who responded to survey.

^aPercent of knowns. Percentages calculated on fewer than 10 individuals are subject to large chance fluctuation and must be interpreted cautiously. Percentages may not add due to rounding.

Table 1.6
 ACTIVE ALLOPATHIC PHYSICIANS IN MAINE*
 BY SELECTED CHARACTERISTICS
 July 1, 1980

Characteristics	Number *	Percent ^a
MAINE - TOTAL	1,592	100.0
<u>Age</u>		
Under 25	-	-
25-34	293	18.7
35-44	464	29.6
45-54	330	21.1
55-64	303	19.3
65+	176	11.2
Unknown	26	-
<u>Hours per Week</u>		
Under 20	55	3.9
20-29	41	2.9
30-39	67	4.7
40+	1,262	88.6
Unknown	167	-

*Licensed active professionals working in Maine who responded to survey.

^aPercent of knowns. Percentages calculated on fewer than 10 individuals are subject to large chance fluctuations and must be interpreted cautiously. Percentages may not add due to rounding.

Table 1.6

ACTIVE ALLOPATHIC PHYSICIANS IN MAINE*
BY SELECTED CHARACTERISTICS

July 1, 1980

Characteristics	Number*	Percent ^a
MAINE - TOTAL	1,592	100.0
<u>Type or Form of Employment</u>		
Self-Employed:		
Solo	769	51.9
Group	379	25.6
Employed by Other:		
Individual practitioner(s)	10	0.7
Partnership or Group of Practitioners	34	2.3
Government - state, local	24	1.6
Government - federal	43	2.9
Other nongovernmental	193	13.0
Voluntary and other forms	30	2.0
Unknown	110	-
<u>Work Setting</u>		
Hospital	527	36.4
Nursing Home	10	0.7
Clinic	45	3.1
Practitioner's office	758	52.3
Federal facility	27	1.9
School, college, university	12	0.8
Medical Research Institute or Establishment	7	0.5
Administrative or Regulatory Health Agency	10	0.7
Other	52	3.6
Unknown	144	-

*Licensed active professionals working in Maine who responded to survey.

^aPercent of knowns. Percentages calculated on fewer than 10 individuals are subject to large chance fluctuations and must be interpreted cautiously. Percentages may not add due to rounding.

Table 1.7
ACTIVE ALLOPATHIC PHYSICIANS IN MAINE*
BY FORM OF EMPLOYMENT, AGE AND HOURS
July 1, 1980

Age and Hours	Form of Employment									
	Total	Self Employed		Employed by Others						Unknown
		Solo	Group	Individual Practitioner(s)	Partnership or Group of Practit.	Government - State, Local	Government - Federal	Other Nongovernmental	Voluntary and Other Forms	
MAINE - TOTAL*	1,592	769	379	10	34	24	43	193	30	110
<u>Age</u>										
Under 25	-									
25-34	293	87	76	3	8		11	67	13	28
35-44	464	196	155	4	16	7	3	54	4	25
45-54	330	163	86	2	8	7	3	35	5	21
55-64	303	184	52	1	1	6	18	27	4	10
65+	176	135	6		1	4	8	8	3	11
Unknown	26	4	4					2	1	15
<u>Hours per Week</u>										
Under 20	55	47	2		1	1	1	3		
20-29	41	31				1	2	5	2	
30-39	67	43	9	2	1	3	5	3		1
40+	1,262	611	356	8	31	17	33	173	28	5
Unknown	167	37	12		1	2	2	9		104

*Licensed, active professionals working in Maine who responded to survey.

Table 1.8

ACTIVE ALLOPATHIC PHYSICIANS IN MAINE*
BY WORK SETTING, AGE AND HOURS

July 1, 1980

Age and Hours	Work Setting										
	Total	Hospital	Nursing Home	Clinic	Practitioner's Office	Federal Facility	School, College, University	Medical Research Institute Or Establishment	Administrative or Regulatory Health Agency	Other	Unknown
MAINE-TOTAL *	1,592	527	10	45	758	27	12	7	10	52	144
<u>Age</u>											
Under 25	-										
25-34	293	108		19	117	2			1	17	29
35-44	464	165	2	9	239	3	3	1	1	11	30
45-54	330	117		12	157	2	2	3	3	7	27
55-64	303	104	3	2	143	11	7	1	2	10	20
65+	176	26	5	3	96	9		2	3	7	25
Unknown	26	7			6						13
<u>Hours</u>											
1-19	55	12	4	1	31	1		1	2	3	
20-29	41	10		2	19	3		1	1	2	3
30-39	67	15	1	5	38	3				1	4
40+	1,262	462	5	36	636	20	12	5	4	44	38
Unknown	167	28		1	34				3	2	99

*Licensed, active professionals working in Maine who responded to survey.

OSTEOPATHIC PHYSICIANS (D.O.)

April 30, 1980

Table 2.1
OSTEOPATHIC PHYSICIANS LICENSED IN MAINE
BY PLACE OF RESIDENCE
April 30, 1980

Place of Residence	All Licensed	Non-Respondents	Respondents	% Response
All Licensed	276	54	222	80.4
Out of State	85	48	37	43.5
MAINE - TOTAL	191	6	185	96.9
Androscoggin	1		1	100.0
Aroostook	5		5	100.0
Cumberland	83	1	82	98.8
Franklin	3		3	100.0
Hancock	4		4	100.0
Kennebec	24	1	23	95.8
Knox	4		4	100.0
Lincoln	4	1	3	75.0
Oxford	9	2	7	77.8
Penobscot	15	1	14	93.3
Piscataquis	2		2	100.0
Sagadahoc	1		1	100.0
Somerset	9		9	100.0
Waldo	5		5	100.0
Washington	2		2	100.0
York	20		20	100.0

Table 2.2
OSTEOPATHIC PHYSICIANS
BY ACTIVITY STATUS, PLACES OF RESIDENCE AND EMPLOYMENT
April 30, 1980

Place of Residence	All Licensed	Non-Resp.	Inactive	Place of Employment																	
				Total	And	Aro	Cmb	Fra	Han	Ken	Knx	Lnc	Oxf	Pnb	Psc	Sag	Som	Wld	Wsh	Yrk	Out-of-State
All Licensed	276	54	10	212	1	4	72	3	2	23	4	3	9	17	2		10	5	2	22	33
Out-of-State	85	48	4	33										1							32
MAINE-TOTAL	191	6	6	179	1	4	72	3	2	23	4	3	9	16	2		10	5	2	22	1
Androscoggin	1			1	1																
Aroostook	5			5		4								1							
Cumberland	83	1	4	78			71			1			2							3	1
Franklin	3			3				3													
Hancock	4		1	3					2					1							
Kennebec	24	1		23						22							1				
Knox	4			4							4										
Lincoln	4	1		3								3									
Oxford	9	2		7									7								
Penobscot	15	1		14										14							
Piscataquis	2			2											2						
Sagadahoc	1		1																		
Somerset	9			9													9				
Waldo	5			5														5			
Washington	2			2															2		
York	20			20			1													19	

Table 2.3

ACTIVE OSTEOPATHIC PHYSICIANS IN MAINE*
NUMBER, PERCENT AND RATIO TO POPULATION BY COUNTY OF EMPLOYMENT
April 30, 1980

County of Employment	Number		Percent of Total		Ratio: D.O.'s to Population
	Actives	Population ^a	Actives	Population	
MAINE-TOTAL	179	1,116,500	100.0	100.0	1: 6,237
Androscoggin	1	97,000	0.6	8.7	1:97,000
Aroostook	4	98,800	2.2	8.8	1:24,700
Cumberland	72	209,800	40.2	18.8	1: 2,914
Franklin	3	26,600	1.7	2.4	1: 8,867
Hancock	2	42,600	1.1	3.8	1:21,300
Kennebec	23	106,100	12.8	9.5	1: 4,613
Knox	4	34,600	2.2	3.1	1: 8,650
Lincoln	3	25,600	1.7	2.3	1: 8,533
Oxford	9	47,700	5.0	4.3	1: 5,300
Penobscot	17	140,200	9.5	12.6	1: 8,247
Piscataquis	2	17,000	1.1	1.5	1: 8,500
Sagadahoc		28,500		2.6	
Somerset	10	46,000	5.6	4.1	1: 4,600
Waldo	5	29,100	2.8	2.6	1: 5,820
Washington	2	35,800	1.1	3.2	1:17,900
York	22	131,200	12.3	11.8	1: 5,964

Notes: Percentages calculated on fewer than 10 individuals are subject to large chance fluctuations and must be interpreted cautiously.
Percentages may not add due to rounding.

*Licensed, active professionals working in Maine who responded to survey.

^a1980 Projected Population. From Maine Population Projections, Bureau of Health Planning and Development, Maine Department of Human Services, 1980 Series.
Figures may not add due to rounding.

Table 2.4
ACTIVE OSTEOPATHIC PHYSICIANS IN MAINE*
BY SPECIALTY AND COUNTY OF EMPLOYMENT
April 30, 1980

Specialty	County of Employment																
	Total	Androscoggin	Aroostook	Cumberland	Franklin	Hancock	Kennebec	Knox	Lincoln	Oxford	Penobscot	Piscataquis	Sagadahoc	Somerset	Walden	Washington	York
MAINE - TOTAL	179	1	4	72	3	2	23	4	3	9	17	2		10	5	2	22
Anesthesiology	4			2			1										1
Cardiology	1										1						
Pulmonary Disease	2			1													
Gastroenterology	3			1			2										1
General Practice	86		3	31	2	1	8	3	2	4	8	2		7	4		11
Geriatrics	9			2				1		1	2			1		1	1
Industrial Medicine	1										1						
Internal Medicine	5			2			2				1						
Manipulative Therapy (Osteo.)	11	1		4		1	1				1				1		2
Neuropsychiatry	1			1													
Obstetrics	1			1													
Obstetrics & Gynecology	2			1													1
Ophthalmology	1			1													
Otorhinolaryngology	1			1													
Pathology (Anatomic & Clinical)	1			1													
Pathology (Anatomic & Clinical and Cytopathology)	3			1			1				1						
Pediatrics	1			1													
Physical Med. & Rehab.	2			1			1										
Podiatry	1																1
Radiology	6			4			1				1						
Surgery	7			4			3										
Surg. (Obs. & Gyn.)	1													1			
Surgery (Ortho.)	2			2													
Surgery (Periph. Vasc.)	1			1													
Other Specialty	13			5	1		3			1							3
Unknown	13		1	4					1	2	1			1		1	1

*Licensed, active professionals working in Maine who responded to survey.

Table 2.5
ACTIVE OSTEOPATHIC PHYSICIANS IN MAINE*
BY AGE AND COUNTY OF EMPLOYMENT
April 30, 1980

County of Employment	Age							
	All Ages	Under 25	25-34	35-44	45-54	55-64	65 and Over	Unknown
MAINE-TOTAL	179	-	37	40	25	31	44	2
Percent ^a	100.0	-	20.9	22.6	14.1	17.5	24.9	-
Androscoggin	1						1	
Aroostook	4		2	1			1	
Cumberland	72		22	21	10	7	12	
Franklin	3						3	
Hancock	2					1	1	
Kennebec	23		3	6	5	5	4	
Knox	4						4	
Lincoln	3					1	2	
Oxford	9		4	2	1	1	1	
Penobscot	17		1	2	2	5	6	1
Piscataquis	2		1			1		
Sagadahoc								
Somerset	10			2	2	4	1	1
Waldo	5		2		2		1	
Washington	2			1		1		
York	22		2	5	3	5	7	

*Licensed, active professionals working in Maine who responded to survey.

^aPercent of knowns. Percentages calculated on fewer than 10 individuals are subject to large chance fluctuation and must be interpreted cautiously. Percentages may not add due to rounding.

Table 2.6
 ACTIVE OSTEOPATHIC PHYSICIANS IN MAINE*
 BY SELECTED CHARACTERISTICS
 April 30, 1980

Characteristics	Number	Percent ^a
MAINE - TOTAL	179	100.0
<u>Age</u>		
Under 25	-	-
25-34	37	20.9
35-44	40	22.6
45-54	25	14.1
55-64	31	17.5
65+	44	24.9
Unknown	2	-
<u>Hours per Week</u>		
Under 20	13	8.0
20-29	6	3.7
30-39	14	8.6
40+	129	79.6
Unknown	17	-

*Licensed active professionals working in Maine who responded to survey.

^aPercent of knowns. Percentages calculated on fewer than 10 individuals are subject to large chance fluctuations and must be interpreted cautiously. Percentages may not add due to rounding.

Table 2.6
 ACTIVE OSTEOPATHIC PHYSICIANS IN MAINE*
 BY SELECTED CHARACTERISTICS
 April 30, 1980

Characteristics	Number	Percent ^a
MAINE - TOTAL	179	100.0
<u>Type or Form of Employment</u>		
Self-Employed:		
Solo	119	67.2
Group	21	11.9
Employed by Other:		
Individual Practitioner(s)	2	1.1
Partnership or Group of Practitioners	1	0.6
Government - State	1	0.6
Government - Federal	5	2.8
Other nongovernmental	26	14.7
Other forms	2	1.1
Unknown	2	-
<u>Work Setting</u>		
Hospital	50	28.4
Nursing Home	1	0.6
Clinic	7	4.0
Practitioner's Office	112	63.6
Federal Facility	3	1.7
School or College of Medicine	2	1.1
Other	1	0.6
Unknown	3	-

*Licensed active professionals working in Maine who responded to survey.

^aPercent of knowns. Percentages calculated on fewer than 10 individuals are subject to large chance fluctuations and must be interpreted cautiously. Percentages may not add due to rounding.

Table 2.7
ACTIVE OSTEOPATHIC PHYSICIANS IN MAINE*
BY FORM OF EMPLOYMENT, AGE AND HOURS
April 30, 1980

Age and Hours	Form of Employment									
	Total	Self Employed		Employed by Others						Unknown
		Solo	Group	Individual Practitioner(s)	Partnership or Group of Practit.	Government-State	Government - Federal	Other Non-governmental	Other Forms	
MAINE - TOTAL	179	119	21	2	1	1	5	26	2	2
<u>Age</u>										
Under 25	-									
25-34	37	17	6				3	11		
35-44	40	27	5	1			1	4	1	1
45-54	25	13	3				1	7	1	
55-64	31	22	6		1			2		
65+	44	38	1	1		1		2		1
Unknown	2	2								
<u>Hours per Week</u>										
Under 20	13	10		1				2		
20-29	6	6								
30-39	14	12						2		
40+	129	79	19	1	1	1	4	22	2	
Unknown	17	12	2				1			2

*Licensed, active professionals working in Maine who responded to survey.

Table 2.8

ACTIVE OSTEOPATHIC PHYSICIANS IN MAINE*
BY WORK SETTING, AGE, AND HOURS

April 30, 1980

Age and Hours	Work Setting								
	Total	Hospital	Nursing Home	Clinic	Practitioner's Office	Federal Facility	School or College of Medicine	Other	Unknown
MAINE-TOTAL	179	50	1	7	112	3	2	1	3
<u>Age</u>									
Under 25	-								
25-34	37	13		3	20	1			
35-44	40	13		3	23				1
45-54	25	9		1	12	2	1		
55-64	31	9			21		1		
65+	44	6	1		34			1	2
Unknown	2				2				
<u>Hours</u>									
1-19	13	2	1		10				
20-29	6				6				
30-39	14	2			12				
40+	129	45		6	72	3	2	1	
Unknown	17	1		1	12				3

*Licensed, active professionals working in Maine who responded to survey.

REGISTERED NURSES

January 1, 1979

Table 3.1
REGISTERED NURSES LICENSED IN MAINE
BY PLACE OF RESIDENCE
January 1, 1979

Place of Residence	All Licensed	Non-Respondents	Respondents	% Response
All Licensed	9,926	652	9,274	93.4
Out of State	1,512	128	1,384	91.5
MAINE - TOTAL	8,414	524	7,890	93.8
Androscoggin	739	41	698	94.5
Aroostook	554	24	530	95.7
Cumberland	2,229	155	2,074	93.0
Franklin	132	3	129	97.7
Hancock	284	21	263	92.6
Kennebec	999	71	928	92.9
Knox	258	20	238	92.2
Lincoln	174	11	163	93.7
Oxford	307	21	286	93.2
Penobscot	1,032	59	973	94.3
Piscataquis	102	8	94	92.2
Sagadahoc	189	14	175	92.6
Somerset	265	8	257	97.0
Waldo	168	11	157	93.5
Washington	182	13	169	92.9
York	800	44	756	94.5

Table 3.2
REGISTERED NURSES LICENSED IN MAINE
BY ACTIVITY STATUS, PLACES OF RESIDENCE AND EMPLOYMENT
January 1, 1979

Place of Residence	All Licensed	Non-Resp.	Inactive	Un-known Activity Status	Place of Employment																	
					Total	And	Aro	Cmb	Fnn	Han	Ken	Knx	Lnc	Oxf	Pnb	Psc	Sag	Som	Wld	Wsh	Yrk	Out-of-State
All Licensed	9,926	652	2,388	9	6,877	566	381	1,676	90	155	822	190	46	173	733	74	89	139	51	123	429	1,140
Out-of-State	1,512	128	429	2	953	4	2	6	1		1			1	5				1	10	24	298
MAINE-TOTAL	8,414	524	1,959	7	5,924	562	379	1,670	89	155	821	190	46	172	728	74	89	139	50	113	405	242
Androscoggin	739	41	149		549	480		31	7		12			6			4					9
Aroostook	554	24	125	1	404		376	2							5					2		19
Cumberland	2,229	155	503	1	1,570	24	1	1,451			5			4	5		8	1		1	11	59
Franklin	132	3	28		101	7		2	75		5			2				3				7
Hancock	284	21	81		182	1		3		151				1	16							10
Kennebec	999	71	226	1	701	20		4	2		643	2	1		1		1	9	1		1	16
Knox	258	20	62		176						10	155	5		1				1			4
Lincoln	174	11	54		109	2		5			30	17	38	1			10					6
Oxford	307	21	71		215	21		23	1		1			156							1	12
Penobscot	1,032	59	241	1	731	1		5		1	3			1	673	11		14		1		21
Piscataquis	102	8	29		65										1	58		1				5
Sagadahoc	189	14	52		123	2	1	33			13	1	1				65					7
Somerset	265	8	59		198	2		1	2		72				1	4		109				7
Waldo	168	11	47	1	109			1		1	23	15			18			2	47			2
Washington	182	13	42	1	126		1		1	2			1		6				1	109		5
York	800	44	190	1	565	2		109	1		4			1	1	1	1				392	53

Table 3.3
ACTIVE REGISTERED NURSES IN MAINE*
NUMBER, PERCENT AND RATIO TO POPULATION BY COUNTY OF EMPLOYMENT
January 1, 1979

County of Employment	Number		Percent of Total		Ratio: R.N.'s to Population
	Actives	Population ^a	Actives	Population	
MAINE-TOTAL	5,737	1,105,200	100.0	100.0	1:193
Androscoggin	565	96,600	9.9	8.7	1:171
Aroostook	381	98,400	6.6	8.9	1:258
Cumberland	1,676	208,200	29.2	18.8	1:124
Franklin	90	26,200	1.6	2.4	1:291
Hancock	155	41,900	2.7	3.8	1:270
Kennebec	822	105,100	14.3	9.5	1:128
Knox	190	34,100	3.3	3.1	1:179
Lincoln	46	25,100	0.8	2.3	1:546
Oxford	173	47,300	3.0	4.3	1:273
Penobscot	733	138,800	12.8	12.6	1:189
Piscataquis	74	16,900	1.3	1.5	1:228
Sagadahoc	89	28,000	1.6	2.5	1:315
Somerset	139	45,500	2.4	4.1	1:327
Waldo	51	28,500	0.9	2.6	1:559
Washington	123	35,200	2.1	3.2	1:286
York	429	129,300	7.5	11.7	1:201

Notes: Percentages calculated on fewer than 10 individuals are subject to large chance fluctuations and must be interpreted cautiously.
Percentages may not add due to rounding.

*Licensed, active professionals working in Maine who responded to survey.

^a1975 Projected Population. From Maine Population Projections, Bureau of Health Planning and Development, Maine Department of Human Services, 1980 Series.
Figures may not add due to rounding.

Table 3.4
ACTIVE REGISTERED NURSES IN MAINE*
BY AREA OF PRACTICE AND COUNTY OF EMPLOYMENT

January 1, 1979

County of Employment	Area of Practice										
	Total	Public Health	General Practice	Geriatric	OB/GYN	Medical/Surgical	Pediatric	Psychiatry Mental Health	Anesthesia	Other	Unknown
MAINE TOTAL	5,737	401	1051	673	431	2083	237	252	90	313	206
Percent ^a	100.0	7.3	19.0	12.2	7.8	37.7	4.3	4.6	1.6	5.7	-
Androscoggin	566	36	98	79	50	202	36	18	10	22	15
Aroostook	381	34	91	38	35	114	22	2	6	17	22
Cumberland	1,676	96	243	181	139	660	77	64	25	127	64
Franklin	90	10	24	3	12	29	1	1	1	4	5
Hancock	155	17	45	18	10	50	1	2	5	4	3
Kennebec	822	36	122	97	37	305	37	103	14	43	28
Knox	190	24	33	27	18	65	2	3		8	10
Lincoln	46	3	13	8	6	13					3
Oxford	173	12	41	30	12	59	5	2	3	5	4
Penobscot	733	51	131	66	45	296	25	43	14	47	15
Piscataquis	74	5	20	5	6	27	1		3	3	4
Sagadahoc	89	14	17	10	6	29	4		1	7	1
Somerset	139	5	48	18	10	37	1	2	2	8	8
Waldo	51	7	15	5	3	15	2		1	2	1
Washington	123	13	32	14	12	42	1		3	1	5
York	429	38	78	74	30	140	22	12	2	15	18

*Licensed, active professionals working in Maine who responded to survey.

^aPercent of knowns. Percentages calculated on fewer than 10 individuals are subject to large chance fluctuation and must be interpreted cautiously. Percentages may not add due to rounding.

Table 3.5
ACTIVE REGISTERED NURSES IN MAINE*
BY AGE AND COUNTY OF EMPLOYMENT
January 1, 1979

County of Employment	Age							
	All Ages	Under 25	25-34	35-44	45-54	55-64	65 and Over	Unknown
MAINE-TOTAL	5,737	386	2,017	1,294	1,122	765	147	6
Percent ^a	100.0	6.7	35.2	22.6	19.6	13.3	2.6	-
Androscoggin	566	44	199	134	124	53	12	
Aroostook	381	32	128	86	78	45	12	
Cumberland	1,676	127	645	356	300	213	33	2
Franklin	90	5	41	16	15	11	2	
Hancock	155	3	54	32	37	23	5	1
Kennebec	822	45	267	200	177	111	20	2
Knox	190	16	68	40	40	23	3	
Lincoln	46	3	13	10	9	9	2	
Oxford	173	17	57	40	23	32	4	
Penobscot	733	55	256	162	146	99	14	1
Piscataquis	74	2	26	19	10	13	4	
Sagadahoc	89	5	26	26	11	16	5	
Somerset	139	7	41	21	41	24	5	
Waldo	51	2	16	13	11	6	3	
Washington	123	7	36	26	27	22	5	
York	429	16	144	113	73	65	18	

*Licensed, active professionals working in Maine who responded to survey.

^aPercent of knowns. Percentages calculated on fewer than 10 individuals are subject to large chance fluctuation and must be interpreted cautiously. Percentages may not add due to rounding.

Table 3.6

ACTIVE REGISTERED NURSES IN MAINE*
BY SELECTED CHARACTERISTICS

January 1, 1979

Characteristics	Number	Percent ^a
MAINE - TOTAL	5,737	100.0
<u>Age</u>		
Under 25	386	6.7
25 - 34	2,017	35.2
35 - 44	1,294	22.6
45 - 54	1,122	19.6
55 - 64	765	13.3
65+	147	2.6
Unknown	6	-
<u>Hours Worked Per Week</u>		
Under 20	676	12.4
20 - 29	852	15.6
30 - 39	570	10.4
40+	3,367	61.6
Unknown	272	-
<u>Education</u>		
Diploma	4,068	71.2
Associate degree	523	9.1
Nursing Bachelors	671	11.7
Other Bachelors	274	4.8
Nursing Masters	113	2.0
Other Masters	66	1.2
Doctorate	2	^b
Unknown	20	-

*Licensed active professionals working in Maine who responded to survey.

^aPercent of knowns. Percentages calculated on fewer than 10 individuals are subject to large chance fluctuations and must be interpreted cautiously. Percentages may not add due to rounding.^bLess than 0.05.

Table 3.6
 ACTIVE REGISTERED NURSES IN MAINE*
 BY SELECTED CHARACTERISTICS
 January 1, 1979

Characteristics	Number	Percent ^a
MAINE - TOTAL	5,737	100.0
<u>Type of Position</u>		
Administration	280	5.0
Consultant	51	0.9
Supervisor	593	10.5
Instructor	265	4.7
Head Nurse	933	16.5
Staff or General Duty	2,966	52.5
Nurse Associate/Practitioner	111	2.0
Clinical Specialist	22	0.4
Certified Nurse Anesthetist	83	1.5
Other	348	6.2
Unknown	85	-
<u>Setting of Employment</u>		
Hospital	3,521	62.0
Nursing Home	581	10.2
School of Nursing	177	3.1
Private Duty	156	2.7
School Nurse	193	3.4
Occupational Health Nurse	82	1.4
Office Nurse (Physician or Dentist)	328	5.8
Community Health (except schools)	419	7.4
Self Employed other than private duty	17	0.3
Other	205	3.6
Unknown	58	-

*Licensed active professionals working in Maine who responded to survey.

^aPercent of knowns. Percentages calculated on fewer than 10 individuals are subject to large chance fluctuations and must be interpreted cautiously. Percentages may not add due to rounding.

Table 3.7

ACTIVE REGISTERED NURSES IN MAINE*
BY TYPE OF POSITION, AGE AND HOURS

January 1, 1979

Age and Hours	Type of Position											
	Total	Administrator or Assistant	Consultant	Supervisor or Assistant	Instructor	Head Nurse or Assistant	Staff or General Duty	Nurse Associate or Practitioner (PNP, FNP, etc.)	Clinical Specialist (Masters Degree)	Certified Nurse Anesthetist	Other	Unknown
MAINE-TOTAL	5,737	280	51	593	265	933	2,966	111	22	83	348	85
<u>Age</u>												
Under 25	386	3		10	3	65	288	2			8	6
25-34	2,017	43	9	143	90	315	1,243	47	8	25	76	18
35-44	1,294	81	14	169	81	184	608	36	6	28	74	13
45-54	1,122	85	13	150	71	191	472	13	5	16	88	18
55-64	765	60	12	111	16	148	291	12	3	10	82	20
65+	147	8	3	9	4	28	61	1		3	20	10
Unknown	6			1		2	3					
<u>Hours</u>												
1-19	676	3	9	31	40	76	451	7	3	1	52	3
20-29	852	8	5	51	26	110	582	10	1	5	50	4
30-39	570	19	5	52	32	75	324	19	4	5	32	3
40+	3,367	239	25	437	158	658	1,502	69	13	67	183	16
Unknown	272	11	7	22	9	14	107	6	1	5	31	59

*Licensed, active professionals working in Maine who responded to survey.

Table 3.8

ACTIVE REGISTERED NURSES IN MAINE*
BY WORK SETTING, AGE AND HOURS

January 1, 1979

Age and Hours	Work Setting											
	Total	Hospital	Nursing Home	School of Nursing	Private Duty	School Nurse	Occupational Health Nurse	Office Nurse (Physician or Dentist)	Community Health (except school)	Self employed other than private duty	Other	Unknown
MAINE-TOTAL	5,737	3,521	581	177	156	193	82	328	419	17	205	58
<u>Age</u>												
Under 25	386	349	16		1			7	5		3	5
25-34	2,017	1,415	144	50	22	31	15	92	163	6	64	15
35-44	1,294	750	146	50	23	60	17	85	88	5	59	11
45-54	1,122	572	141	59	36	62	24	68	98	2	49	11
55-64	765	378	105	15	53	36	23	59	58	4	27	7
65+	147	52	28	3	21	4	3	17	7		3	9
Unknown	6	5	1									
<u>Hours</u>												
1-19	676	383	98	13	39	22	8	35	33	9	35	1
20-29	852	544	106	18	30	28	7	43	49	1	26	
30-39	570	260	53	20	11	50	4	66	80	1	24	1
40+	3,367	2,244	305	118	47	83	54	152	246	4	110	4
Unknown	272	90	19	8	29	10	9	32	11	2	10	52

*Licensed, active professionals working in Maine who responded to survey.

LICENSED PRACTICAL NURSES

July 1, 1980

Table 4.1
 LICENSED PRACTICAL NURSES LICENSED IN MAINE
 BY PLACE OF RESIDENCE
 July 1, 1980

Place of Residence	All Licensed	Non-Respondents	Respondents	% Response
All Licensed	3,804	403	3,401	89.4
Out of State	285	40	246	86.0
MAINE - TOTAL	3,518	363	3,155	89.7
Androscoggin	263	31	232	88.2
Aroostook	386	34	352	91.2
Cumberland	747	91	656	87.8
Franklin	67	6	61	91.0
Hancock	138	13	125	90.6
Kennebec	374	33	341	91.2
Knox	85	15	70	82.4
Lincoln	63	6	57	90.5
Oxford	139	13	126	90.6
Penobscot	481	37	444	92.3
Piscataquis	41	2	39	95.1
Sagadahoc	82	8	74	90.2
Somerset	144	21	123	85.4
Waldo	74	10	64	86.5
Washington	84	12	72	85.7
York	350	31	319	91.1

Table 4.2
 LICENSED PRACTICAL NURSES
 BY ACTIVITY STATUS, PLACES OF RESIDENCE AND EMPLOYMENT
 April 30, 1980

Place of Residence	All Licensed	Non-Resp.	Inactive	Unk. Activity Status	Place of Employment																	
					Total	And	Aro	Cmb	Frn	Han	Ken	Knx	Lnc	Oxf	Pnb	Psc	Sag	Som	Wld	Wsh	Yrk	Out-of-State
All Licensed	3,804	403	836	26	2,539	205	251	543	44	79	292	54	20	89	342	28	39	97	24	47	211	174
Out-of-State	296	40	83	2	161	1	3	2		1				2						3	6	143
MAINE-TOTAL	3,518	363	753	24	2,378	204	248	541	44	78	292	54	20	87	342	28	39	97	24	44	205	31
Androscoggin	263	31	33	2	197	182		10	2		1			2								
Arms took	396	34	97	2	253		247													1		5
Cumberland	747	91	155	8	493	7		473						4			5				2	2
Franklin	67	6	15		46	5			40		1											
Hancock	138	13	36	2	87					77					9							1
Kennebec	374	33	75	2	264						246		1		1	1		13				2
Knox	85	15	18	2	50						4	42	1						3			
Lincoln	63	6	19	1	37			1			6	6	17				6		1			
Oxford	139	13	31	1	94	10		2	1					81								
Penobscot	481	37	101	2	341		1				4				325	2		5				4
Piscataquis	41	2	10	1	28										1	25		2				
Sagadahoc	82	8	23		51			22									28					1
Somerset	144	21	26		97						22							75				
Waldo	74	10	22		42						8	6			6			2	20			
Washington	84	12	28		44				1											43	203	
York	350	31	64	1	254			33	1				1									16

Table 4.3
ACTIVE LICENSED PRACTICAL NURSES IN MAINE*
NUMBER, PERCENT AND RATIO TO POPULATION BY COUNTY OF EMPLOYMENT
July 1, 1980

County of Employment	Number		Percent of Total		Ratio: Licensed Practical Nurses to Population
	Actives	Population ^a	Actives	Population	
MAINE-TOTAL	2,365	1,116,500	100.0	100.0	1: 472
Androscoggin	205	97,000	8.7	8.7	1: 473
Aroostook	251	98,800	10.7	8.8	1: 394
Cumberland	543	209,800	23.0	18.8	1: 386
Franklin	44	26,600	1.8	2.4	1: 605
Hancock	79	42,600	3.3	3.8	1: 539
Kennebec	292	106,100	12.4	9.5	1: 363
Knox	54	34,600	2.3	3.1	1: 641
Lincoln	20	25,600	0.9	2.3	1:1,280
Oxford	89	47,700	3.7	4.3	1: 536
Penobscot	342	140,200	14.4	12.6	1: 410
Piscataquis	28	17,000	1.2	1.5	1: 607
Sagadahoc	39	28,500	1.7	2.6	1: 731
Somerset	97	46,000	4.0	4.1	1: 474
Waldo	24	29,100	1.0	2.6	1:1,212
Washington	47	35,800	1.9	3.2	1: 762
York	211	131,200	9.0	11.8	1: 622

Notes: Percentages calculated on fewer than 10 individuals are subject to large chance fluctuations and must be interpreted cautiously.
Percentages may not add due to rounding.

*Licensed, active professionals working in Maine who responded to survey.

^a1980 Projected Population. From Maine Population Projections, Bureau of Health Planning and Development, Maine Department of Human Services, 1980 Series.
Figures may not add due to rounding.

Table 4.4
ACTIVE LICENSED PRACTICAL NURSES IN MAINE*
BY AGE AND COUNTY OF EMPLOYMENT

July 1, 1980

County of Employment	Age							
	All Ages	Under 25	25-34	35-44	45-54	55-64	65 and Over	Unknown
MAINE-TOTAL	2,365	237	969	484	378	234	60	3
Percent ^a	100.0	10.0	41.0	20.5	16.0	9.9	2.5	-
Androscoggin	205	24	108	33	26	9	5	
Aroostook	251	34	94	56	34	28	4	1
Cumberland	543	57	217	111	95	53	10	
Franklin	44	2	16	14	7	5		
Hancock	79	5	35	16	10	11	2	
Kennebec	292	22	118	52	58	34	8	
Knox	54	9	22	12	4	5	2	
Lincoln	20	1	7	2	3	7		
Oxford	89	13	32	11	18	11	4	
Penobscot	342	37	149	73	49	25	8	1
Piscataquis	28	2	8	8	6	3	1	
Sagadahoc	39	1	13	7	10	5	3	
Somerset	97	11	27	28	13	11	7	
Waldo	24	2	6	8	5	2	1	
Washington	47	1	19	6	12	7	2	
York	211	16	98	47	28	18	3	1

*Licensed, active professionals working in Maine who responded to survey.

^aPercent of knowns. Percentages calculated on fewer than 10 individuals are subject to large chance fluctuation and must be interpreted cautiously. Percentages may not add due to rounding.

Table 4.5
 ACTIVE LICENSED PRACTICAL NURSES IN MAINE*
 BY SELECTED CHARACTERISTICS
 July 1, 1980

Characteristics	Number	Percent ^a
MAINE - TOTAL	2,365	100.0
<u>Age</u>		
Under 25	237	10.0
25-34	969	41.0
35-44	484	20.5
45-54	378	16.0
55-64	234	9.9
65+	60	2.5
Unknown	3	-
<u>Hours per Week</u>		
Under 20	257	11.3
20-29	403	17.7
30-39	340	15.0
40+	1,274	56.0
Unknown	91	-
<u>Education</u>		
Less than High School	70	3.0
High School Graduate	2,031	88.3
Associate Degree	149	6.5
Bachelors Degree or Higher	50	2.2
Unknown	65	-

*Licensed active professionals working in Maine who responded to survey.

^aPercent of knowns. Percentages calculated on fewer than 10 individuals are subject to large chance fluctuations and must be interpreted cautiously. Percentages may not add due to rounding.

Table 4.5
 ACTIVE LICENSED PRACTICAL NURSES IN MAINE*
 BY SELECTED CHARACTERISTICS
 July 1, 1980

Characteristics	Number	Percent ^a
MAINE -TOTAL	2,365	100.0
<u>Work Setting</u>		
Hospital	1,458	62.5
Nursing Home	537	23.0
Private Duty	69	3.0
Industrial or Occupational Health	9	0.4
Office Nurse	144	6.2
Community or Public Health	19	0.8
Other	96	4.1
Unknown	33	-

*Licensed, active professionals working in Maine who responded to survey.

^aPercent of knowns. Percentages calculated on fewer than 10 individuals are subject to large chance fluctuations and must be interpreted cautiously. Percentages may not add due to rounding.

Table 4.6
ACTIVE LICENSED PRACTICAL NURSES IN MAINE*
BY WORK SETTING, AGE AND HOURS
July 1, 1980

Age and Hours	Work Setting								
	Total	Hospital	Nursing Home	Private Duty	Industrial or Occupational Health	Office Nurse	Community or Public Health	Other	Unknown
MAINE-TOTAL	2,365	1,458	537	69	9	144	19	96	33
<u>Age</u>									
Under 25	237	164	48	5		8	4	6	2
25-34	969	611	196	17	3	73	8	43	18
35-44	484	294	123	10	2	37	1	11	6
45-54	378	227	85	17	2	22	5	16	4
55-64	234	138	60	14	2	3	1	14	2
65+	60	21	25	6		1		6	1
Unknown	3	3							
<u>Hours</u>									
1-19	257	133	65	17	1	19	5	16	1
20-29	403	261	103	13		16	4	5	1
30-39	340	193	91	5	1	36	3	9	2
40+	1,274	850	263	19	6	65	5	60	6
Unknown	91	21	1	15	1	8	2	6	23

*Licensed, active professionals working in Maine and responded to survey.

PHYSICAL THERAPISTS

April 1, 1980

Table 5.1
PHYSICAL THERAPISTS IN MAINE
BY PLACE OF RESIDENCE
April 1, 1980

Place of Residence	All Licensed	Non-Respondents	Respondents	% Response
All Licensed	302	55	247	81.8
Out of State	55	11	44	80.0
MAINE - TOTAL	247	44	203	82.2
Androscoggin	16	4	12	75.0
Aroostook	14	4	10	71.4
Cumberland	79	12	67	84.8
Franklin	7	1	6	85.7
Hancock	7	1	6	85.7
Kennebec	25	7	18	72.0
Knox	8	1	7	87.5
Lincoln	9	1	8	88.9
Oxford	4	1	3	75.0
Penobscot	30	3	27	90.0
Piscataquis	3		3	100.0
Sagadahoc	6		6	100.0
Somerset	2		2	100.0
Waldo	7	2	4	57.1
Washington	5	1	4	80.0
York	25	5	20	80.0

Table 5.3

ACTIVE PHYSICAL THERAPISTS IN MAINE*
NUMBER, PERCENT AND RATIO TO POPULATION
BY COUNTY OF EMPLOYMENT

April 1, 1980

County of Employment	Number		Percent of Total		Ratio: Physical Therapists to Population
	Actives	Population ^a	Actives	Population	
MAINE-TOTAL	169	1,116,500	100.0	100.0	1: 6,607
Androscoggin	13	97,000	7.7	8.7	1: 7,462
Aroostook	8	98,800	4.7	8.8	1:12,350
Cumberland	58	209,800	34.3	18.8	1: 3,617
Franklin	3	26,600	1.8	2.4	1: 8,867
Hancock	7	42,600	4.1	3.8	1: 6,086
Kennebec	19	106,100	11.2	9.5	1: 5,584
Knox	6	34,600	3.6	3.1	1: 5,767
Lincoln	1	25,600	0.6	2.3	1:25,600
Oxford	4	47,700	2.4	4.3	1:11,925
Penobscot	21	140,200	12.4	12.6	1: 6,676
Piscataquis	3	17,000	1.8	1.5	1: 5,667
Sagadahoc	6	28,500	3.6	2.6	1: 4,750
Somerset	1	46,000	0.6	4.1	1:46,000
Waldo	3	29,100	1.8	2.6	1: 9,700
Washington	3	35,800	1.8	3.2	1:11,933
York	13	131,200	7.7	11.8	1:10,092

Notes: Percentages calculated on fewer than 10 individuals are subject to large chance fluctuations and must be interpreted cautiously.

Percentages may not add due to rounding.

*Licensed, active professionals working in Maine who responded to survey.

^a1980 Projected Population. From Maine Population Projections, Bureau of Health Planning and Development, Maine Department of Human Services, 1980 Series. Figures may not add due to rounding.

April 1, 1980

54

Table 5.4
ACTIVE PHYSICAL THERAPISTS IN MAINE*
BY AGE AND COUNTY OF EMPLOYMENT
April 1, 1980

County of Employment	Age							
	All Ages	Under 25	25-34	35-44	45-54	55-64	65 and Over	Unknown
MAINE-TOTAL	169	5	96	39	16	11	1	1
Percent ^a	100.0	3.0	57.1	23.2	9.5	6.5	0.6	-
Androscoggin	13		8	2	2		1	
Aroostook	8		5	1	2			
Cumberland	58	4	30	16	5	3		
Franklin	3		1	2				
Hancock	7		4	1		2		
Kennebec	19		9	6	1	2		1
Knox	6		4	1	1			
Lincoln	1		1					
Oxford	4		3	1				
Penobscot	21		18	2	1			
Piscataquis	3		1	1	1			
Sagadahoc	6		4			2		
Somerset	1			1				
Waldo	3		3					
Washington	3		1	1	1			
York	13	1	4	4	2	2		

*Licensed, active professionals working in Maine who responded to survey.

^aPercent of knowns. Percentages calculated on fewer than 10 individuals are subject to large chance fluctuation and must be interpreted cautiously. Percentages may not add due to rounding.

Table 5.5
ACTIVE PHYSICAL THERAPISTS IN MAINE*
BY SELECTED CHARACTERISTICS
April 1, 1980

Characteristics	Number	Percent ^a
MAINE - TOTAL	169	100.0
<u>Age</u>		
Under 25	5	3.0
25-34	96	57.1
35-44	39	23.2
45-54	16	9.5
55-64	11	6.5
65+	1	0.6
Unknown	1	-
<u>Hours per Week</u>		
Under 20	20	12.6
20-29	16	10.1
30-39	19	11.9
40+	104	65.4
Unknown	10	-
<u>Education</u>		
Associate Degree or Cert.	1	0.6
Baccalaureate	153	91.6
Masters	13	7.8
Unknown	2	-

*Licensed, active professionals working in Maine who responded to survey.

^aPercent of knowns. Percentages calculated on fewer than 10 individuals are subject to large chance fluctuations and must be interpreted cautiously. Percentages may not add due to rounding.

Table 5.5
ACTIVE PHYSICAL THERAPISTS IN MAINE*
BY SELECTED CHARACTERISTICS
April 1, 1980

Characteristics	Number	Percent ^a
MAINE - TOTAL	169	100.0
<u>Work Setting</u>		
Hospital	90	54.5
N.H., Rest Home, Chronic Disease Hospital, etc.	19	11.5
Practitioner's Office	3	1.8
Federal Facilities	8	4.8
Elementary School, High School or College	8	4.8
School or Treatment Center for the Handicapped or Disabled	8	4.8
Patient's Homes	29	17.6
Unknown	4	-
<u>Type or Form of Employment</u>		
Self Employed:		
Solo	14	8.4
Partnership	5	3.0
Employed by Other:		
Partner, Practitioner(s) or Group of Practitioners	4	2.4
Hospital, Nursing Home, School or Business	131	78.4
Government - State, County	8	4.8
Government - Federal (Civilian)	4	2.4
Other	1	0.6
Unknown	2	-

*Licensed, active professionals working in Maine who responded to survey.

^aPercent of knowns. Percentages calculated on fewer than 10 individuals are subject to large chance fluctuations and must be interpreted cautiously. Percentages may not add due to rounding.

Table 5.6
ACTIVE PHYSICAL THERAPISTS IN MAINE*
BY FORM OF EMPLOYMENT, AGE AND HOURS
April 1, 1980

Age and Hours	Form of Employment								
	Total	Self Employed		Employed by Others					Unknown
		Solo	Partnership	Partnership or Group of Practitioners	Hospital, Nursing Home, School or Business	Government, State and County	Government, Federal	Other	
MAINE - TOTAL	169	14	5	4	131	8	4	1	2
<u>Age</u>									
Under 25	5				5				
25-34	96	6		3	79	5	1		2
35-44	39	7	2	1	25	2	1	1	
45-54	16				15	1			
55-64	11	1	2		6		2		
65+	1		1						
Unknown	1				1				
<u>Hours per Week</u>									
Under 20	20	5	2	1	11	1			
20-29	16	3	1		11	1			
30-39	19			1	18				
40+	104	5	1	2	86	5	4	1	
Unknown	10	1	1		5	1			2

*Licensed, active professionals working in Maine who responded to survey.

Table 5.7

ACTIVE PHYSICAL THERAPISTS IN MAINE*
BY WORK SETTING, AGE AND HOURS

April 1, 1980

Age and Hours	Work Setting								
	Total	Hospital	Nsg. Home, Rest Home, Chronic Dis. Hosp., etc.	Practitioner's Office	Federal Facility	Elementary School, High School or College	School or Treatment Center for the Handicapped or Dis.	Patient's Homes	Unknown
MAINE-TOTAL	169	90	19	3	8	8	8	29	4
<u>Age</u>									
Under 25	5	3					1	1	
25-34	96	54	5	2	4	5	6	16	4
35-44	39	19	9	1	2	1		7	
45-54	16	9	2			2	1	2	
55-64	11	4	2		2			3	
65+	1		1						
Unknown	1	1							
<u>Hours per Week</u>									
Under 20	20	5	6	1		3		4	1
20-29	16	7	5		1			2	1
30-39	19	3	4	1		1	3	7	
40+	104	72	3	1	7	2	3	16	
Unknown	10	3	1			2	2		2

*Licensed, active professionals working in Maine who responded to survey.

PODIATRISTS

July 1, 1979

Table 6.1
 PODIATRISTS LICENSED IN MAINE
 BY PLACE OF RESIDENCE
 July 1, 1979

Place of Residence	All Licensed	Non-Respondents	Respondents	% Response
All Licensed	45	4	41	91.1
Out of State	19	2	17	89.5
MAINE - TOTAL	26	2	24	92.3
Androscoggin	2		2	100.0
Aroostook	1		1	100.0
Cumberland	7	1	6	85.7
Franklin	1		1	100.0
Hancock				
Kennebec	5		5	100.0
Knox	2		2	100.0
Lincoln				
Oxford				
Penobscot	4		4	100.0
Piscataquis				
Sagadahoc	1		1	100.0
Somerset				
Waldo				
Washington				
York	3	1	2	66.7

July 1, 1979

67

Table 6.3

ACTIVE PODIATRISTS IN MAINE*
NUMBER, PERCENT AND RATIO TO POPULATION
BY COUNTY OF EMPLOYMENT

July 1, 1979

County of Employment	Number		Percent of Total		Ratio: Podiatrists to Population
	Actives	Population ^a	Actives	Population	
MAINE-TOTAL	24	1,105,200	100.0	100.0	1: 46,050
Androscoggin	2	96,600	8.3	8.7	1: 48,300
Aroostook	1	98,400	4.2	8.9	1: 98,400
Cumberland	6	208,200	25.0	18.8	1: 34,700
Franklin	1	26,200	4.2	2.4	1: 26,200
Hancock		41,900		3.8	
Kennebec	5	105,100	20.8	9.5	1: 21,020
Knox	2	34,100	8.3	3.1	1: 17,050
Lincoln		25,100		2.3	
Oxford		47,300		4.3	
Penobscot	4	138,800	16.7	12.6	1: 34,700
Piscataquis		16,900		1.5	
Sagadahoc	1	28,000	4.2	2.5	1: 28,000
Somerset		45,500		4.1	
Waldo		28,500		2.6	
Washington		35,200		3.2	
York	2	129,300	8.3	11.7	1: 64,650

Notes: Percentages calculated on fewer than 10 individuals are subject to large chance fluctuations and must be interpreted cautiously.
Percentages may not add due to rounding.

*Licensed, active professionals working in Maine who responded to survey.

^a1979 Projected Population. From Maine Population Projections, Bureau of Health Planning and Development, Maine Department of Human Services, 1980 Series. Figures may not add due to rounding.

Table 6.4
ACTIVE PODIATRISTS IN MAINE*
BY SPECIALTY AND COUNTY OF EMPLOYMENT
July 1, 1979

County of Employment	Specialty				
	Total	Foot Orthopedics or Biomedics	General Practice	Surgery	Unknown
MAINE - TOTAL	24	7	13	2	2
Percent ^a	100.0	31.8	59.1	9.1	-
Androscoggin	2	1	1		
Aroostook	1		1		
Cumberland	6	3	2	1	
Franklin	1	1			
Hancock					
Kennebec	5		5		
Knox	2	1	1		
Lincoln					
Oxford					
Penobscot	4	1	2		1
Piscataquis					
Sagadahoc	1			1	
Somerset					
Waldo					
Washington					
York	2		1		1

*Licensed active professionals working in Maine who responded to survey.

^aPercent of knowns. Percentages calculated on fewer than 10 individuals are subject to large chance fluctuations and must be interpreted cautiously. Percentages may not add due to rounding.

Table 6.5
ACTIVE PODIATRISTS IN MAINE*
BY AGE AND COUNTY OF EMPLOYMENT
July 1, 1979

County of Employment	Age							
	All Ages	Under 25	25-34	35-44	45-54	55-64	65 and Over	Unknown
MAINE-TOTAL	24	-	9	4	1	6	4	-
Percent ^a	100.0	-	37.5	16.7	4.2	25.0	16.7	-
Androscoggin	2			1		1		
Aroostook	1		1					
Cumberland	6		1	1	1	1	2	
Franklin	1			1				
Hancock								
Kennebec	5		2	1		1	1	
Knox	2		1			1		
Lincoln								
Oxford								
Penobscot	4		2			1	1	
Piscataquis								
Sagadahoc	1		1					
Somerset								
Waldo								
Washington								
York	2		1			1		

*Licensed, active professionals working in Maine who responded to survey.

^aPercent of knowns. Percentages calculated on fewer than 10 individuals are subject to large chance fluctuation and must be interpreted cautiously. Percentages may not add due to rounding.

Table 6.6
 ACTIVE PODIATRISTS IN MAINE*
 BY SELECTED CHARACTERISTICS
 July 1, 1979

Characteristics	Number	Percent ^a
MAINE - TOTAL	24	100.0
<u>Age</u>		
Under 25	-	-
25 - 34	9	37.5
35-44	4	16.7
45-54	1	4.2
55-64	6	25.0
65+	4	16.7
Unknown	-	-
<u>Hours per Week</u>		
Under 20	1	5.0
20-29	3	15.0
30-39	7	35.0
40+	9	45.0
Unknown	4	-

*Licensed, active professionals working in Maine who responded to survey.

^aPercent of knowns. Percentages calculated on fewer than 10 individuals are subject to large chance fluctuations and must be interpreted cautiously. Percentages may not add due to rounding.

Table 6.6
 ACTIVE PODIATRISTS IN MAINE*
 BY SELECTED CHARACTERISTICS
 July 1, 1979

Characteristics	Number	Percent ^a
MAINE - TOTAL	24	100.0
<u>Type or Form of Employment</u>		
Self employed:		
Solo	22	95.7
Partnership	1	4.3
Unknown	1	-
<u>Work Setting</u>		
Practitioner's Office	20	90.9
School	1	4.5
Other	1	4.5
Unknown	2	-

*Licensed, active professionals working in Maine who responded to survey.

^aPercent of knowns. Percentages calculated on fewer than 10 individuals are subject to large chance fluctuations and must be interpreted cautiously. Percentages may not add due to rounding.

Table 6.7
ACTIVE PODIATRISTS IN MAINE*
BY FORM OF EMPLOYMENT, AGE AND HOURS
July 1, 1979

Age and Hours	Form of Employment			
	Total	Self-Employed		Unknown
		Solo	Partnership	
MAINE - TOTAL	24	22	1	1
<u>Age</u>				
Under 25	-			
25-34	9	9		
35-44	4	3	1	
45-54	1	1		
55-64	6	5		1
65+	4	4		
Unknown	-			
<u>Hours per Week</u>				
Under 20	1	1		
20-29	3	2	1	
30-39	7	7		
40+	9	8		1
Unknown	4	4		

*Licensed, active professionals working in Maine who responded to survey.

Table 6.8
ACTIVE PODIATRISTS IN MAINE*
BY WORK SETTING, AGE AND HOURS
July 1, 1979

Age and Hours	Work Setting				
	Total	Prac- titioner's Office	School	Other	Unknown
MAINE-TOTAL	24	20	1	1	2
<u>Age</u>					
Under 25	-				
25-34	9	9			
35-44	4	2		1	1
45-54	1	1			
55-64	6	5			1
65+	4	3	1		
Unknown	-				
<u>Hours per Week</u>					
Under 20	1	1			
20-29	3	2		1	
30-39	7	7			
40+	9	8			1
Unknown	4	2	1		1

*Licensed, active professionals working in Maine who responded to survey.

CHIROPRACTORS

January 1, 1980

Table 7.1

CHIROPRACTORS LICENSED IN MAINE
BY PLACE OF RESIDENCE

January 1, 1980

Place of Residence	All Licensed	Non-Respondents	Respondents	% Response
All Licensed	204	20	184	90.2
Out of State	112	14	98	87.5
MAINE - TOTAL	92	6	86	93.5
Androscoggin	9	1	8	88.9
Aroostook	6		6	100.0
Cumberland	16		16	100.0
Franklin	2		2	100.0
Hancock	3		3	100.0
Kennebec	14	1	13	92.9
Knox	3		3	100.0
Lincoln	1		1	100.0
Oxford	5		5	100.0
Penobscot	7	1	6	85.7
Piscataquis	1		1	100.0
Sagadahoc	3	1	2	66.7
Somerset	3		3	100.0
Waldo	2		2	100.0
Washington				
York	17	2	15	88.2

Table 7.3

ACTIVE CHIROPRACTORS IN MAINE*
NUMBER, PERCENT AND RATIO TO POPULATION BY COUNTY OF EMPLOYMENT

January 1, 1980

County of Employment	Number		Percent of Total		Ratio: Chiropractors to Population
	Actives	Population ^a	Actives	Population	
MAINE-TOTAL	72	1,116,500	100.0	100.0	1: 15,507
Androscoggin	7	97,000	9.7	8.7	1: 13,857
Aroostook	3	98,800	4.2	8.8	1: 32,933
Cumberland	15	209,800	20.8	18.8	1: 13,987
Franklin	2	26,600	2.8	2.4	1: 13,300
Hancock	2	42,600	2.8	3.8	1: 21,300
Kennebec	12	106,100	16.7	9.5	1: 8,842
Knox	3	34,600	4.2	3.1	1: 11,533
Lincoln	1	25,600	1.4	2.3	1: 25,600
Oxford	5	47,700	6.9	4.3	1: 9,540
Penobscot	5	140,200	6.9	12.6	1: 28,040
Piscataquis	1	17,000	1.4	1.5	1: 17,000
Sagadahoc		28,500		2.6	
Somerset	3	46,000	4.2	4.1	1: 15,333
Waldo	2	29,100	2.8	2.6	1: 14,550
Washington		35,800		3.2	
York	11	131,200	15.3	11.8	1: 11,927

Notes: Percentages calculated on fewer than 10 individuals are subject to large chance fluctuations and must be interpreted cautiously.
Percentages may not add due to rounding.

*Licensed, active professionals working in Maine who responded to survey.

^a1980 Projected Population. From Maine Population Projections, Bureau of Health Planning and Development, Maine Department of Human Services, 1980 Series.
Figures may not add due to rounding.

Table 7.4
ACTIVE CHIROPRACTORS IN MAINE*
BY AGE AND COUNTY OF EMPLOYMENT
January 1, 1980

County of Employment	Age							
	All Ages	Under 25	25-34	35-44	45-54	55-64	65 and Over	Unknown
MAINE-TOTAL	72	1	34	13	8	11	3	2
Percent ^a	100.0	1.4	48.6	18.6	11.4	15.7	4.3	-
Androscoggin	7		2	1	2	2		
Aroostook	3			1		1	1	
Cumberland	15		9	1	4	1		
Franklin	2		1			1		
Hancock	2			2				
Kennebec	12	1	5	4		1	1	
Knox	3		2				1	
Lincoln	1		1					
Oxford	5		2		1	2		
Penobscot	5		2	1	1			1
Piscataquis	1					1		
Sagadahoc								
Somerset	3			3				
Waldo	2		2					
Washington								
York	11		8			2		1

*Licensed, active professionals working in Maine who responded to survey.

^aPercent of knowns. Percentages calculated on fewer than 10 individuals are subject to large chance fluctuation and must be interpreted cautiously. Percentages may not add due to rounding.

Table 7.5
ACTIVE CHIROPRACTORS IN MAINE*
BY SELECTED CHARACTERISTICS
January 1, 1980

Characteristics	Number	Percent ^a
MAINE - TOTAL	72	100.0
<u>Age</u>		
Under 25	1	1.4
25-34	34	48.6
35-44	13	18.6
45-54	8	11.4
55-64	11	15.7
65+	3	4.3
Unknown	2	-
<u>Hours per Week</u>		
Under 20	2	3.1
20-29	4	6.2
30-39	26	40.6
40+	32	50.0
Unknown	8	-
<u>Type or Form of Employment</u>		
Self-Employed:		
Solo	62	87.3
Group	8	11.3
Employed by Other:		
Individual Practitioners	1	1.4
Unknown	1	-
<u>Work Setting</u>		
Clinic, Free-Standing	3	4.2
Practitioner's Office	68	95.8
Unknown	1	-

*Licensed, active professionals working in Maine who responded to survey.

^aPercent of knowns. Percentages calculated on fewer than 10 individuals are subject to large chance fluctuations and must be interpreted cautiously. Percentages may not add due to rounding.

Table 7.6
ACTIVE CHIROPRACTORS IN MAINE*
BY FORM OF EMPLOYMENT, AGE AND HOURS
January 1, 1980

Age and Hours	Form of Employment				
	Total	Self-Employed		Employed by Others	Unknown
		Solo	Group	Individual Practit- ioners	
MAINE - TOTAL	72	62	8	1	1
<u>Age</u>					
Under 25	1	1			
25-34	34	31	1	1	1
35-44	13	12	1		
45-54	8	6	2		
55-64	11	8	3		
65+	3	3			
Unknown	2	1	1		
<u>Hours per Week</u>					
Under 20	2	2			
20-29	4	4			
30-39	26	23	3		
40+	32	27	5		
Unknown	8	6		1	1

*Licensed, active professionals working in Maine who responded to survey.

Table 7.7
ACTIVE CHIROPRACTORS IN MAINE*
BY WORK SETTING, AGE AND HOURS
January 1, 1980

Age and Hours	Work Setting			
	Total	Clinic, Free- Standing	Practit- ioner's Office	Unknown
MAINE - TOTAL	72	3	68	1
<u>Age</u>				
Under 25	1		1	
25-34	34	2	31	1
35-44	13		13	
45-54	8	1	7	
55-64	11		11	
65+	3		3	
Unknown	2		2	
<u>Hours per Week</u>				
Under 20	2		2	
20-29	4		4	
30-39	26	1	25	
40+	32	2	30	
Unknown	8		7	1

*Licensed, active professionals working in Maine who responded to survey.

DENTISTS

January 1, 1980

Table 8.1
DENTISTS LICENSED IN MAINE
BY PLACE OF RESIDENCE
January 1, 1980

Place of Residence	All Licensed	Non-Respondents	Respondents	% Response
All Licensed	886	40	846	95.5
Out of State	325	17	308	94.8
MAINE - TOTAL	561	23	538	95.9
Androscoggin	40	1	39	97.5
Aroostook	31	1	30	96.8
Cumberland	150	12	138	92.0
Franklin	10		10	100.0
Hancock	26	1	25	96.2
Kennebec	57	1	56	98.2
Knox	18		18	100.0
Lincoln	19	1	18	94.7
Oxford	20		20	100.0
Penobscot	65	4	61	93.8
Piscataquis	7		7	100.0
Sagadahoc	14		14	100.0
Somerset	20		20	100.0
Waldo	9		9	100.0
Washington	13		13	100.0
York	62	2	60	96.8

Table 8.3
ACTIVE DENTISTS IN MAINE*
NUMBER, PERCENT AND RATIO TO POPULATION
BY COUNTY OF EMPLOYMENT
January 1, 1980

County of Employment	Number		Percent of Total		Ratio: Dentists to Population
	Actives	Population ^a	Actives	Population	
MAINE-TOTAL	483	1,116,500	100.0	100.0	1: 2,312
Androscoggin	42	97,000	8.7	8.7	1: 2,310
Aroostook	27	98,800	5.6	8.8	1: 3,659
Cumberland	136	209,800	28.2	18.8	1: 1,543
Franklin	9	25,600	1.9	2.4	1: 2,956
Hancock	21	42,600	4.3	3.8	1: 2,029
Kennebec	49	106,100	10.1	9.5	1: 2,165
Knox	18	34,600	3.7	3.1	1: 1,922
Lincoln	12	25,600	2.5	2.3	1: 2,133
Oxford	16	47,700	3.3	4.3	1: 2,981
Penobscot	57	140,200	11.8	12.6	1: 2,460
Piscataquis	6	17,000	1.2	1.5	1: 2,833
Sagadahoc	11	28,500	2.3	2.6	1: 2,591
Somerset	15	46,000	3.1	4.1	1: 3,067
Waldo	7	29,100	1.4	2.6	1: 4,157
Washington	10	35,800	2.1	3.2	1: 3,580
York	47	131,200	9.7	11.8	1: 2,791

Notes: Percentages calculated on fewer than 10 individuals are subject to large chance fluctuations and must be interpreted cautiously.
Percentages may not add due to rounding.

*Licensed, active professionals working in Maine who responded to survey.

^a1980 Projected Population. From Maine Population Projections, Bureau of Health Planning and Development, Maine Department of Human Services, 1980 Series.
Figures may not add due to rounding.

Table 8.4

ACTIVE DENTISTS IN MAINE*
BY SPECIALTY AND COUNTY OF EMPLOYMENT

January 1, 1980

Specialty	County of Employment																
	Total	Androscoggin	Aroostook	Cumberland	Franklin	Hancock	Kennebec	Knox	Lincoln	Oxford	Penobscot	Piscataquis	Sagadahoc	Somerset	Waldo	Washington	York
MAINE - TOTAL	483	42	27	136	9	21	49	18	12	16	57	6	11	15	7	10	47
Endodontist	8	1		4							3						
General Practice	366	32	22	90	9	18	38	15	12	15	34	6	9	11	7	9	39
Oral Surgeon	24	3	1	8			3	1			5		1				2
Orthodontist	28	2	2	11		1	4	1			5			1			1
Pedodontist	15	1		7							2		1	1		1	2
Periodontist	5			4							1						
Prosthodontist	13	1		6			2				4						
Public Health	2										1			1			
Unknown	22	2	2	6		2	2	1		1	2			1			3

*Licensee, active professionals working in Maine who responded to survey.

Table 8.2
DENTISTS IN MAINE
BY ACTIVITY STATUS, PLACE OF RESIDENCE AND EMPLOYMENT
January 1, 1980

Place of Residence	All Licensed	Non-Resp.	Inactive	Un-known Activity Status	Place of Employment																	
					Total	And	Aro	Cmb	Frn	Han	Ken	Knx	Lnc	Oxf	Pnb	Psc	Sag	Som	Wld	Wsh	Yrk	Out-of-State
All Licensed	886	40	55	8	783	42	27	136	9	21	49	18	12	16	57	6	11	15	7	10	47	300
Out-of-State	325	17	9	2	297	1																296
MAINE-TOTAL	561	23	46	6	486	41	27	136	9	21	49	18	12	16	57	6	11	15	7	10	47	4
Androscoggin	40	1	2		37	36																1
Aroostook	31	1	2		28		27															1
Cumberland	150	12	9	2	127	3		122							1							1
Franklin	10				10	1			9													
Hancock	26	1	2		23			1		21					1							
Kennebec	57	1	3		48						47						1					
Knox	18				18							17										1
Lincoln	19	1	4		14						1		12				1					
Oxford	20		2		18	1		1						16								
Penobscot	65	4	5	1	55										55							
Piscataquis	7			1	6											6						
Sagadahoc	14		1		13			5									8					
Somerset	20		3	1	16						1							15				
Waldo	9				9			1				1							7			
Washington	13		3		10															10		
York	62	2	5	1	54			6									1				47	

Table 8.5
ACTIVE DENTISTS IN MAINE*
BY AGE AND COUNTY OF EMPLOYMENT
January 1, 1980

County of Employment	Age							
	All Ages	Under 25	25-34	35-44	45-54	55-64	65 and Over	Unknown
MAINE-TOTAL	483	-	132	113	87	105	45	1
Percent ^a	100.0	-	27.4	23.4	18.0	21.8	9.3	-
Androscoggin	42		9	8	12	8	5	
Aroostook	27		8	3	3	11	1	1
Cumberland	136		35	40	24	26	11	
Franklin	9		3	3	1	1	1	
Hancock	21		3	9	1	5	3	
Kennebec	49		13	9	5	18	4	
Knox	18		3	6	2	5	2	
Lincoln	12		4	1	4	1	2	
Oxford	16		4	2	4	4	2	
Penobscot	57		16	12	11	13	5	
Piscataquis	6		1	1	2	1	1	
Sagadahoc	11		3	2	4	1	1	
Somerset	15		7	2	4	1	1	
Waldo	7		4		2		1	
Washington	10		5	3		2		
York	47		14	12	8	8	5	

*Licensed, active professionals working in Maine who responded to survey.

^aPercent of knowns. Percentages calculated on fewer than 10 individuals are subject to large chance fluctuation and must be interpreted cautiously. Percentages may not add due to rounding.

Table 8.6
 ACTIVE DENTISTS IN MAINE*
 BY SELECTED CHARACTERISTICS
 January 1, 1980

Characteristics	Number	Percent ^a
Maine-TOTAL	483	100.0
<u>Age</u>		
Under 25	-	-
25-34	132	27.4
35-44	113	23.4
45-54	87	18.0
55-64	105	21.8
65+	45	9.3
Unknown	1	-
<u>Hours per Week</u>		
Under 20	10	2.2
20-29	25	5.4
30-39	188	40.8
40+	238	51.6
Unknown	22	-

*Licensed, active professionals working in Maine who responded to survey.

^aPercent of knowns. Percentages calculated on fewer than 10 individuals are subject to large chance fluctuations and must be interpreted cautiously. Percentages may not add due to rounding.

Table 8.6

ACTIVE DENTISTS IN MAINE*
BY SELECTED CHARACTERISTICS

January 1, 1980

Characteristics	Number	Percent ^a
MAINE - TOTAL	483	100.0
<u>Type or Form of Employment</u>		
Self-Employed:		
Solo	388	81.2
Group	53	11.1
Employed by Other:		
Individual Practitioner	9	1.9
Partnership	5	1.0
Hospital, Nursing Home, School, Business, etc.	4	0.8
Government-State, Local	3	0.6
Government - Federal	15	3.1
Other	1	0.2
Unknown	5	-
<u>Work Setting</u>		
Practitioner's Office	447	93.7
Federal Facility	9	1.9
Hospital	4	0.8
Clinic	12	2.5
Other	5	1.0
Unknown	6	-

*Licensed, active professionals working in Maine who responded to survey.

^aPercent of knowns. Percentages calculated on fewer than 10 individuals are subject to large chance fluctuations and must be interpreted cautiously. Percentages may not add due to rounding.

Table 8.7
ACTIVE DENTISTS IN MAINE*
BY FORM OF EMPLOYMENT, AGE AND HOURS
January 1, 1980

Age and Hours	Form of Employment								
	Total	Self Employed		Employed by Others					
		Solo	Group	Individual Practitioner	Partnership	Hospital, Nursing Home, School, Bus., etc.	Government, State-Local	Government, Federal	Other
MAINE - TOTAL	483	388	53	9	5	4	3	15	1
<u>Age</u>									
Under 25	-								
25-34	132	83	21	8	5	2	2	9	2
35-44	113	86	20	1		2		2	2
45-54	87	82	4					1	
55-64	105	92	7				1	3	1
65+	45	44	1						
Unknown	1	1							
<u>Hours per Week</u>									
Under 20	10	9	1						
20-29	25	21	3		1				
30-39	188	155	19	3	1		1	6	1
40+	238	184	29	6	3	4	2	9	1
Unknown	22	19	1						2

*Licensed, active professionals working in Maine who responded to survey.

Table 8.8
 ACTIVE DENTISTS IN MAINE*
 BY WORK SETTING, AGE AND HOURS
 January 1, 1980

Age and Hours	Work Setting						
	Total	Practitioner's Office	Federal Facility	Hospital	Clinic	Other	Unknown
MAINE - TOTAL	483	447	9	4	12	5	6
<u>Age</u>							
Under 25	-						
25-34	132	114	4	3	8	1	2
35-44	113	107	1		2	2	1
45-54	87	85	1	1			
55-64	105	98	3		1	2	1
65+	45	42			1		2
Unknown	1	1					
<u>Hours per Week</u>							
Under 20	10	9			1		
20-29	25	25					
30-39	188	177	2	1	5	2	1
40+	238	219	7	3	5	3	1
Unknown	22	17			1		4

*Licensed, active professionals working in Maine who responded to survey.

DENTAL HYGENISTS

January 1, 1979

Table 9.1

DENTAL HYGIENISTS LICENSED IN MAINE
BY PLACE OF RESIDENCE

January 1, 1979

Place of Residence	All Licensed	Non-Respondents	Respondents	% Response
All Licensed	538	52	486	90.3
Out of State	115	16	99	86.1
MAINE - TOTAL	423	36	387	91.5
Androscoggin	26	2	24	92.3
Aroostook	15	1	14	93.3
Cumberland	143	13	130	90.9
Franklin	4	1	3	75.0
Hancock	12	1	11	91.7
Kennebec	45	4	41	91.1
Knox	9	1	8	88.9
Lincoln	15	1	14	93.3
Oxford	19		19	100.0
Penobscot	56	4	52	92.9
Piscataquis	4		4	100.0
Sagadahoc	11	2	9	81.8
Somerset	15	2	13	86.7
Waldo	4		4	100.0
Washington	5	1	4	80.0
York	40	3	37	92.5

Table 9.2
DENTAL HYGIENISTS IN MAINE
BY ACTIVITY STATUS, PLACES OF RESIDENCE AND EMPLOYMENT
January 1, 1979

Place of Residence	All Licensed	Non-Resp.	Inactive	Un-known Activity Status	Place of Employment																	
					Total	And	Aro	Cmb	Frn	Han	Ken	Knx	Lnc	Oxf	Pnb	Psc	Sag	Som	Wld	Wsh	Yrk	Out-of-State
All Licensed	538	52	113		373	18	11	107	6	8	26	9	7	9	41	4	4	11	1	2	23	86
Out-of-State	115	16	28		71	1		1												1	68	
MAINE-TOTAL	423	36	85		302	17	11	106	6	8	26	9	7	9	41	4	4	11	1	2	22	18
Androscoggin	26	2	9		15	14		1														
Aroostook	15	1	3		11		10															1
Cumberland	143	13	26		104	2		94					1		2		1					4
Franklin	4	1			3				2						1							
Hancock	12	1	5		6					6												
Kennebec	45	4	6		35			1	2		24	1						2				5
Knox	9	1	1		7							6										1
Lincoln	15	1	6		8			1			1	1	5									
Oxford	19		7		12	1		1						9								1
Penobscot	56	4	8		44		1			2					38							3
Piscataquis	4				4											4						
Sagadahoc	11	2	2		7			3					1				3					
Somerset	15	2	2		11				2									9				
Waldo	4		1		3						1	1							1			
Washington	5	1	2		2															2		
York	40	3	7		30			5													22	3

Table 9.3

ACTIVE DENTAL HYGIENISTS IN MAINE*
NUMBER, PERCENT AND RATIO TO POPULATION BY COUNTY OF EMPLOYMENT

January 1, 1979

County of Employment	Number		Percent of Total		Ratio: Dental Hygienists to Population
	Actives	Population ^a	Actives	Population	
MAINE-TOTAL	287	1,105,200	100.0	100.0	1:3,851
Androscoggin	18	96,600	6.3	8.7	1:5,367
Aroostook	11	98,400	3.8	8.9	1:8,945
Cumberland	107	208,200	37.3	18.8	1:1,946
Franklin	6	26,200	2.1	2.4	1:4,367
Hancock	8	41,900	2.8	3.8	1:5,238
Kennebec	26	105,100	9.1	9.5	1:4,042
Knox	9	34,100	3.1	3.1	1:3,789
Lincoln	7	25,100	2.4	2.3	1:3,586
Oxford	9	47,300	3.1	4.3	1:5,256
Penobscot	41	138,800	14.3	12.6	1:3,385
Piscataquis	4	16,900	1.4	1.5	1:4,225
Sagadahoc	4	28,000	1.4	2.5	1:7,000
Somerset	11	45,500	3.8	4.1	1:4,136
Waldo	1	28,500	0.3	2.6	1:28,500
Washington	2	35,200	0.7	3.2	1:17,600
York	23	129,300	8.0	11.7	1:5,622

Notes: Percentages calculated on fewer than 10 individuals are subject to large chance fluctuations and must be interpreted cautiously.
Percentages may not add due to rounding.

*Licensed, active professionals working in Maine who responded to survey.

^a1979 Projected Population. From Maine Population Projections, Bureau of Health Planning and Development, Maine Department of Human Services, 1980 Series.
Figures may not add due to rounding.

Table 9.4
ACTIVE DENTAL HYGIENISTS IN MAINE*
BY AGE AND COUNTY OF EMPLOYMENT
January 1, 1979

County of Employment	Age							
	All Ages	Under 25	25-34	35-44	45-54	55-64	65 and Over	Unknown
MAINE-TOTAL	287	78	129	38	27	10	2	3
Percent ^a	100.0	27.5	45.4	13.4	9.5	3.5	0.7	-
Androscoggin	18	4	6	3	3	2		
Aroostook	11	5	4	1	1			
Cumberland	107	26	54	16	6	1	2	2
Franklin	6	1	2	2	1			
Hancock	8	4	4					
Kennebec	26	6	11	5	3	1		
Knox	9	2	4		2	1		
Lincoln	7	3	2	2				
Oxford	9	2	4	2		1		
Penobscot	41	16	18	2	3	1		1
Piscataquis	4	2	2					
Sagadahoc	4	1	1	1	1			
Somerset	11	2	5	2	2			
Waldo	1					1		
Washington	2		1			1		
York	23	4	11	2	5	1		

*Licensed, active professionals working in Maine who responded to survey.

^aPercent of knowns. Percentages calculated on fewer than 10 individuals are subject to large chance fluctuation and must be interpreted cautiously. Percentages may not add due to rounding.

Table 9.5

ACTIVE DENTAL HYGIENISTS IN MAINE*
BY SELECTED CHARACTERISTICS

January 1, 1979

Characteristics	Number	Percent ^a
MAINE TOTAL	287	100.0
<u>Age</u>		
Under 25	78	27.5
25-34	129	45.4
35-44	38	13.4
45-54	27	9.5
55-64	10	3.5
65+	2	0.7
Unknown	3	-
<u>Hours per Week</u>		
Under 20	55	21.7
20-29	44	17.3
30-39	74	29.1
40+	81	31.9
Unknown	33	-
<u>Education</u>		
Certificate or Diploma	4	1.6
Associate Degree	3	1.2
Baccalaureate	209	86.0
Masters Degree	22	9.1
Other	5	2.1
Unknown	44	-

*Licensed, active professionals working in Maine who responded to survey.

^aPercent of knowns. Percentages calculated on fewer than 10 individuals, are subject to large chance fluctuations and must be interpreted cautiously. Percentages may not add due to rounding.

Table 9.5
 ACTIVE DENTAL HYGIENISTS IN MAINE*
 BY SELECTED CHARACTERISTICS
 January 1, 1979

Characteristics	Number	Percent ^a
MAINE TOTAL	287	100.0
<u>Type or Form of Employment</u>		
Employed by:		
Individual practitioner(s)	252	89.4
Government-State, Local	17	6.0
Government-Federal	1	0.4
Voluntary and other forms	12	4.3
Unknown	5	-
<u>Work Setting</u>		
Private Dentist Office	252	89.4
Institution (Hospital, Nursing Home)	4	1.4
Clinic	7	2.5
Elementary or Secondary School	7	2.5
Other	12	4.3
Unknown	5	-

*Licensed, active professionals working in Maine who responded to survey.

^aPercent of knowns. Percentages calculated on fewer than 10 individuals are subject to large chance fluctuations and must be interpreted cautiously. Percentages may not add due to rounding.

Table 9.6

ACTIVE DENTAL HYGIENISTS IN MAINE*
BY FORM OF EMPLOYMENT, AGE AND HOURS

January 1, 1979

Age and Hours	Employed by					
	Total	Practitioner(s)	Government (State, Local)	Government (Federal)	Voluntary and Other	Unknown
MAINE - TOTAL	287	252	17	1	12	5
<u>Age</u>						
Under 25	78	73	2		1	2
25-34	129	107	11	1	8	2
35-44	38	35	1		2	
45-54	27	23	3		1	
55-64	10	9				1
65+	2	2				
Unknown	3	3				
<u>Hours per Week</u>						
Under 20	55	54	1			
20-29	44	38	5	1		
30-39	74	68	1		5	
40+	81	65	8		7	1
Unknown	33	27	2			4

*Licensed, active professionals working in Maine who responded to survey.

Table 9.7

ACTIVE DENTAL HYGIENISTS IN MAINE*
BY WORK SETTING, AGE AND HOURS

January 1, 1979

Age and Hours	Work Setting						
	Total	Private Dentist Office	Institution (Hospital, Nursing Home)	Clinic	Elementary or Secondary School	Other	Unknown
MAINE-TOTAL	287	252	4	7	7	12	5
<u>Age</u>							
Under 25	78	74	1		2		1
25-34	129	105	3	7	2	9	3
35-44	38	36				2	
45-54	27	23			3	1	
55-64	10	9					1
65+	2	2					
Unknown	3	3					
<u>Hours per Week</u>							
1-19	55	54			1		
20-29	44	38	1	2	1	2	
30-39	74	69	1	1	1	2	
40+	81	66	1	2	4	8	
Unknown	33	25	1	2			5

*Licensed, active professionals working in Maine who responded to survey.

OPTOMETRISTS

April 1, 1979

Table 10.1
OPTOMETRISTS LICENSED IN MAINE
BY PLACE OF RESIDENCE
April 1, 1979

Place of Residence	All Licensed	Non-Respondents	Respondents	% Response
All Licensed	210	19	191	91.0
Out of State	57	10	47	82.5
MAINE - TOTAL	153	9	144	94.1
Androscoggin	13	1	12	92.3
Aroostook	16		16	100.0
Cumberland	35	4	31	88.6
Franklin	3		3	100.0
Hancock	5	1	4	80.0
Kennebec	12		12	100.0
Knox	5		5	100.0
Lincoln	4		4	100.0
Oxford	6		6	100.0
Penobscot	20		20	100.0
Piscataquis	2		2	100.0
Sagadahoc	3		3	100.0
Somerset	4		4	100.0
Waldo	5	2	3	60.0
Washington	4		4	100.0
York	16	1	15	93.8

Table 10.3

ACTIVE OPTOMETRISTS IN MAINE*
NUMBER, PERCENT AND RATIO TO POPULATION
BY COUNTY OF EMPLOYMENT

April 1, 1979

County of Employment	Number		Percent of Total		Ratio: Optometrists to Population
	Actives	Population ^a	Actives	Population	
MAINE-TOTAL	142	1,105,200	100.0	100.0	1: 7,783
Androscoggin	11	96,600	7.7	8.7	1: 8,782
Aroostook	16	98,400	11.3	8.9	1: 6,150
Cumberland	30	208,200	21.1	18.8	1: 6,940
Franklin	3	26,200	2.1	2.4	1: 8,733
Hancock	5	41,900	3.5	3.8	1: 8,330
Kennebec	13	105,100	9.2	9.5	1: 8,085
Knox	5	34,100	3.5	3.1	1: 6,820
Lincoln	3	25,100	2.1	2.3	1: 8,367
Oxford	6	47,300	4.2	4.3	1: 7,883
Penobscot	18	138,800	12.7	12.6	1: 7,711
Piscataquis	3	16,900	2.1	1.5	1: 5,633
Sagadahoc	3	28,000	2.1	2.5	1: 9,333
Somerset	5	45,500	3.5	4.1	1: 9,100
Waldo	2	28,500	1.4	2.6	1: 14,250
Washington	3	35,200	2.1	3.2	1: 11,733
York	16	129,300	11.3	11.7	1: 8,081

Notes: Percentages calculated on fewer than 10 individuals are subject to large chance fluctuations and must be interpreted cautiously.
Percentages may not add due to rounding.

*Licensed, active professionals working in Maine who responded to survey.

^a1979 Projected Population. From Maine Population Projections, Bureau of Health Planning and Development, Maine Department of Human Services, 1980 Series.
Figures may not add due to rounding.

Table 10.4
ACTIVE OPTOMETRISTS IN MAINE*
BY SPECIALTY AND COUNTY OF EMPLOYMENT
April 1, 1979

County of Employment	Specialty			
	Total	General Practice	Contact Lenses	Unknown
MAINE - TOTAL	142	134	4	4
Percent ^a	100.0	97.1	2.9	-
Androscoggin	11	10	1	
Aroostook	16	14		2
Cumberland	30	28	2	
Franklin	3	3		
Hancock	5	5		
Kennebec	13	12	1	
Knox	5	5		
Lincoln	3	3		
Oxford	6	6		
Penobscot	18	18		
Piscataquis	3	3		
Sagadahoc	3	2		1
Somerset	5	5		
Waldo	2	2		
Washington	3	3		
York	16	15		1

*Licensed, active professionals working in Maine who responded to survey.

^aPercent of knowns. Percentages calculated on fewer than 10 individuals are subject to large chance fluctuations and must be interpreted cautiously. Percentages may not add due to rounding.

Table 10.5
ACTIVE OPTOMETRISTS IN MAINE*
BY AGE AND COUNTY OF EMPLOYMENT
April 1, 1979

County of Employment	Age							
	All Ages	Under 25	25-34	35-44	45-54	55-64	65 and Over	Unknown
MAINE-TOTAL	142	-	37	28	20	35	21	1
Percent ^a	100.0	-	26.2	19.9	14.2	24.8	14.9	-
Androscoggin	11		4	4	2		1	
Aroostook	16		2	3	6	4	1	
Cumberland	30		8	7	3	8	4	
Franklin	3		1	1	1			
Hancock	5		1	1	1	2		
Kennebec	13		3	2	2	2	4	
Knox	5		2	1		1	1	
Lincoln	3		1			1	1	
Oxford	6		1	3	1		1	
Penobscot	18		6	3	2	4	3	
Piscataquis	3		2			1		
Sagadahoc	3		1		2			
Somerset	5			1		3	1	
Waldo	2		1			1		
Washington	3		1			2		
York	16		3	2		6	4	1

*Licensed, active professionals working in Maine who responded to survey.

^apercent of knowns. Percentages calculated on fewer than 10 individuals are subject to large chance fluctuation and must be interpreted cautiously. Percentages may not add due to rounding.

Table 10.6
ACTIVE OPTOMETRISTS IN MAINE*
BY SELECTED CHARACTERISTICS

April 1, 1979

Characteristics	Number	Percent ^a
MAINE - TOTAL	142	100.0
<u>Age</u>		
Under 25	-	-
25 - 34	37	26.2
35 - 44	28	19.9
45 - 54	20	14.2
55 - 64	35	24.8
65+	21	14.9
Unknown	1	-
<u>Hours Per Week</u>		
Under 20	8	5.8
20 - 29	7	5.1
30 - 39	45	33.6
40+	76	55.5
Unknown	5	-
<u>Education</u>		
High School		
Associate Degree	3	2.1
Baccalaureate	8	5.7
Doctorate	129	92.1
Unknown	2	-

*Licensed, active professionals working in Maine who responded to survey.

^aPercent of knowns. Percentages calculated on fewer than 10 individuals are subject to large chance fluctuations and must be interpreted cautiously. Percentages may not add due to rounding.

Table 10.6

ACTIVE OPTOMETRISTS IN MAINE*
BY SELECTED CHARACTERISTICS

April 1, 1979

Characteristics	Number	Percent ^a
MAINE - TOTAL	142	100.0
<u>Type or Form of Employment</u>		
Self Employed:		
Solo	105	74.5
Group	22	15.6
Employed by Other:		
Partnership or Group Practice	14	9.9
Unknown	1	-
<u>Setting</u>		
Practitioner's Office	137	97.9
Clinic, Free-Standing	2	1.4
Other	1	0.7
Unknown	2	-

*Licensed, active professionals working in Maine who responded to survey.

^aPercent of knowns. Percentages calculated on fewer than 10 individuals are subject to large chance fluctuations and must be interpreted cautiously. Percentages may not add due to rounding.

Table 10.7
ACTIVE OPTOMETRISTS IN MAINE*
BY FORM OF EMPLOYMENT, AGE AND HOURS
April 1, 1979

Age and Hours	Form of Employment				
	Total	Self-Employed		Employed by Others	Unknown
		Solo	Group	Partnership or Group Practice	
MAINE - TOTAL	142	105	22	14	1
<u>Age</u>					
Under 25	-				
25 - 34	37	20	10	6	1
35 - 44	28	22	2	4	
45 - 54	20	18	2		
55 - 64	35	28	7		
65+	21	16	1	4	
Unknown	1	1			
<u>Hours Per Week</u>					
Under 20	8	6		2	
20 - 29	7	6	1		
30 - 39	46	38	5	3	
40+	76	52	16	8	
Unknown	5	3		1	1

*Licensed active professionals working in Maine who responded to survey.

Table 10.8
ACTIVE OPTOMETRISTS IN MAINE*
BY WORK SETTING, AGE AND HOURS
April 1, 1979

Age and Hours	Work Setting				
	Total	Practitioners Office	Clinic, Free-Standing	Other	Unknown
MAINE - TOTAL	142	137	2	1	2
<u>Age</u>					
Under 25	-				
25 - 34	37	34	1		2
35 - 44	28	27		1	
45 - 54	20	19	1		
55 - 64	35	35			
65+	21	21			
Unknown	1	1			
<u>Hours Per Week</u>					
Under 20	8	8			
20 - 29	7	6	1		
30 - 39	46	45		1	
40+	76	74	1		1
Unknown	5	4			1

*Licensed active professionals working in Maine who responded to survey.

NURSING HOME ADMINISTRATORS

July 1, 1979

Table 11.1
NURSING HOME ADMINISTRATORS LICENSED IN MAINE
BY PLACE OF RESIDENCE
July 1, 1979

Place of Residence	All Licensed	Non-Respondents	Respondents	% Response
All Licensed	229	79	150	65.5
Out of State	6	2	4	66.7
MAINE - TOTAL	223	77	146	65.5
Androscoggin	24	8	16	66.7
Aroostook	20	5	15	75.0
Cumberland	45	20	25	55.6
Franklin	7	4	3	42.9
Hancock	6		6	100.0
Kennebec	29	12	17	58.6
Knox	5	2	3	60.0
Lincoln	2		2	100.0
Oxford	10	1	9	90.0
Penobscot	21	6	15	71.4
Piscataquis	3	1	2	66.7
Sagadahoc	4	1	3	75.0
Somerset	9	3	6	66.7
Waldo	3	2	1	33.3
Washington	14	6	8	57.1
York	21	6	15	71.4

Table 11.2
NURSING HOME ADMINISTRATORS IN MAINE
BY ACTIVITY STATUS, PLACES OF RESIDENCE AND EMPLOYMENT
July 1, 1979

Place of Residence	All Licensed	Non-Resp.	Inactive	Place of Employment																	
				Total	And	Aro	Cmb	Frn	Han	Ken	Knox	Lnc	Oxf	Pnb	Psc	Sag	Som	Wld	Wsh	Yrk	Out-of-State
All Licensed	229	79	23	127	11	15	21	2	8	13	1	1	6	14	1	3	7	1	7	14	2
Out-of-State	6	2	3	1																1	
MAINE-TOTAL	223	77	20	126	11	15	21	2	8	13	1	1	6	14	1	3	7	1	7	13	2
Androscoggin	24	8	3	13	10		1						1							1	
Aroostook	20	5		15		14															1
Cumberland	45	20	3	22	1		18						2			1					
Franklin	7	4	1	2				2													
Hancock	6			6					6												
Kennebec	29	12	4	13						12							1				
Knox	5	2	1	2					1		1										
Lincoln	2			2						1		1									
Oxford	10	1	2	7		1	1						3				1				1
Penobscot	21	6		15										14				1			
Piscataquis	3	1	1	1											1						
Sagadahoc	4	1	1	2												2					
Somerset	9	3	1	5													5				
Waldo	3	2	1																		
Washington	14	6		8					1										7		
York	21	6	2	13			1													12	

Table 11.3

ACTIVE NURSING HOME ADMINISTRATORS IN MAINE*
NUMBER, PERCENT AND RATIO TO POPULATION BY COUNTY OF EMPLOYMENT

July 1, 1979

County of Employment	Number		Percent of Total		Ratio: N.H.A.'s to Population
	Actives	Population ^a	Actives	Population	
MAINE-TOTAL	125	1,105,200	100.0	100.0	1: 8,842
Androscoggin	11	96,600	8.8	8.7	1: 8,782
Aroostook	15	98,400	12.0	8.9	1: 6,560
Cumberland	21	208,200	16.8	18.8	1: 9,914
Franklin	2	26,200	1.6	2.4	1:13,100
Hancock	8	41,900	6.4	3.8	1: 5,238
Kennebec	13	105,100	10.4	9.5	1: 8,085
Knox	1	34,100	0.8	3.1	1:34,100
Lincoln	1	25,100	0.8	2.3	1:25,100
Oxford	6	47,300	4.8	4.3	1: 7,883
Penobscot	14	138,800	11.2	12.6	1: 9,914
Piscataquis	1	16,900	0.8	1.5	1:16,900
Sagadahoc	3	28,000	2.4	2.5	1: 9,333
Somerset	7	45,500	5.6	4.1	1: 6,500
Waldo	1	28,500	.8	2.6	1:28,500
Washington	7	35,200	5.6	3.2	1: 5,029
York	14	129,300	11.2	11.7	1: 9,236

Notes: Percentages calculated on fewer than 10 individuals are subject to large chance fluctuations and must be interpreted cautiously.
 Percentages may not add due to rounding.

*Licensed, active professionals working in Maine who responded to survey.

^a1979 Projected Population. From Maine Population Projections, Bureau of Health Planning and Development, Maine Department of Human Services, 1980 Series.
 Figures may not add due to rounding.

Table 11.4
ACTIVE NURSING HOME ADMINISTRATORS IN MAINE*
BY AGE AND COUNTY OF EMPLOYMENT
July 1, 1979

County of Employment	Age							
	All Ages	Under 25	25-34	35-44	45-54	55-64	65 and Over	Unknown
MAINE-TOTAL	125	2	17	37	34	24	11	-
Percent ^a	100.0	1.6	13.6	29.6	27.2	19.2	8.8	-
Androscoggin	11		2	5	3		1	
Aroostook	15	2	4	1	4	4		
Cumberland	21		3	5	8	1	4	
Franklin	2			1		1		
Hancock	8		2	2	1	3		
Kennebec	13			6	3	3	1	
Knox	1						1	
Lincoln	1				1			
Oxford	6		1	1	2		2	
Penobscot	14		1	7	3	3		
Piscataquis	1					1		
Sagadahoc	3				1	2		
Somerset	7			2	2	2	1	
Waldo	1				1			
Washington	7			2	2	3		
York	14		4	5	3	1	1	

*Licensed, active professionals working in Maine who responded to survey.

^aPercent of knowns. Percentages calculated on fewer than 10 individuals are subject to large chance fluctuation and must be interpreted cautiously. Percentages may not add due to rounding.

Table 11.5
ACTIVE NURSING HOME ADMINISTRATORS IN MAINE*
BY SELECTED CHARACTERISTICS

July 1, 1979

Characteristics	Number	Percent ^a
MAINE - TOTAL	125	100.0
<u>Age</u>		
Under 25	2	1.6
25-34	17	13.6
35-44	37	29.6
45-54	34	27.2
55-64	24	19.2
65+	11	8.8
Unknown	-	-
<u>Hours per Week</u>		
Under 20	3	3.0
20-29	-	-
30-39	-	-
40+	96	97.0
Unknown	26	-
<u>Education</u>		
Less than High School	2	1.6
High School Graduate or Equiv.	38	30.9
Nursing School Diploma	26	21.1
Assoc. Degree or Certificate	16	13.0
Baccalaureate Degree	26	21.1
Masters Degree	12	9.8
Doctorate Degree	3	2.4
Unknown	2	-

*Licensed, active professionals working in Maine who responded to survey.

^aPercent of knowns. Percentages calculated on fewer than 10 individuals are subject to large chance fluctuations and must be interpreted cautiously. Percentages may not add due to rounding.

Table 11.5
 ACTIVE NURSING HOME ADMINISTRATORS IN MAINE*
 BY SELECTED CHARACTERISTICS
 July 1, 1979

Characteristics	Number	Percent ^a
MAINE - TOTAL	125	100.0
<u>Type or Form of Employment</u>		
Self Employed		
Solo	42	34.1
Partnership	31	25.2
Employed by Other:		
Individual	5	4.1
Partnership	4	3.3
Hospital, Nursing Home or Business	34	27.6
Government - Local	3	2.4
Other	4	3.3
Unknown	2	-
<u>Work Setting</u>		
Nursing Home	117	95.1
Hospital	6	4.9
Unknown	2	-

*Licensed, active professionals working in Maine who responded to survey.

^aPercent of knowns. Percentages calculated on fewer than 10 individuals are subject to large chance fluctuations and must be interpreted cautiously. Percentages may not add due to rounding.

Table 11.6
ACTIVE NURSING HOME ADMINISTRATORS IN MAINE*
BY FORM OF EMPLOYMENT, AGE, AND HOURS
July 1, 1979

Age and Hours	Form of Employment							
	Total	Self Employed		Employed by Others				
		Solo	Partnership	Individual Practitioner	Partnership	Hospital, Nursing Home, School or Business	Government-Local	Other
MAINE - TOTAL	125	42	31	5	4	34	3	4
<u>Age</u>								
Under 25	2	1		1				
25-34	17	5	1	1	3	6	1	
35-44	37	13	12	2		6	1	2
45-54	34	13	6	1	1	12		1
55-64	24	7	8			8		1
65+	11	3	4			2	1	
Unknown	-							1
<u>Hours per Week</u>								
Under 20	3	1				2		
20-29	-							
30-39	-							
40+	96	33	25	4	4	24	3	3
Unknown	26	8	6	1		8		1

*Licensed, active professionals working in Maine who responded to survey.

Table 11.7
ACTIVE NURSING HOME ADMINISTRATORS IN MAINE*
BY WORK SETTING, AGE AND HOURS
July 1, 1979

Age and Hours	Work Setting			
	Total	Nursing Home, Rest Home, Convalescent Home, Chronic Disease Hospital	Hospital	Unknown
MAINE - TOTAL	125	117	6	2
<u>Age</u>				
Under 25	2	2		
25-34	17	16	1	
35-44	37	35	1	1
45-54	34	32	2	
55-64	24	22	2	
65+	11	10		1
Unknown	-			
<u>Hours per Week</u>				
1-19	3	2	1	
20-29	-			
30-39	-			
40+	96	92	4	
Unknown	26	23	1	2

*Licensed, active professionals working in Maine who responded to survey.

VETERINARIANS

January 1, 1980

TABLE 12.1

LICENSED VETERINARIANS IN MAINE
BY PLACE OF RESIDENCE

January 1, 1980

Place of Residence	All Licensed	Non-Respondents	Respondents	% Response
All Licensed	244	17	227	93.0
Out of State	102	5	97	95.1
MAINE - TOTAL	142	12	130	91.5
Androscoggin	6	1	5	83.3
Aroostook	5	1	4	80.0
Cumberland	32	3	29	90.6
Franklin	3		3	100.0
Hancock	8		8	100.0
Kennebec	21	4	17	81.0
Knox	3		3	100.0
Lincoln	5		5	100.0
Oxford	8		8	100.0
Penobscot	15	1	14	93.3
Piscataquis	3		3	100.0
Sagadahoc	3		3	100.0
Somerset	7	1	6	85.7
Waldo	6	1	5	83.3
Washington	2		2	100.0
York	15		15	100.0

Table 12.2
 VETERINARIANS IN MAINE
 BY ACTIVITY STATUS, PLACES OF RESIDENCE AND EMPLOYMENT
 January 1, 1980

Place of Residence	All Licensed	Non-Resp.	Inactive	Un-Known Activ- ity Status	Place of Employment																	
					Total	And	Aro	Cmb	Frn	Han	Ken	Knx	Lnc	Oxf	Pnb	Psc	Sag	Som	Wld	Wsh	Yrk	Out-of- State
All Licensed	244	17	9	4	214	6	4	26	3	6	18	3	4	8	14	3	2	4	4	2	14	93
Out-of-State	102	5	3	1	93																	93
MAINE-TOTAL	142	12	6	3	121	6	4	26	3	6	18	3	4	8	14	3	2	4	4	2	14	
Androscoggin	6	1			5	5																
Armscoot	5	1			4		4															
Cumberland	32	3	2	1	26			23			1										2	
Franklin	3				3				3													
Hancock	8		1		7					6	1											
Kennebec	21	4	1	2	14						14											
Knox	3				3							3										
Lincoln	5				5						1		4									
Oxford	8				8									8								
Penobscot	15	1			14										14							
Piscataquis	3				3			1								3						
Sagadahoc	3				3												2					
Somerset	7	1	1		5						1							4				
Waldo	6	1			5	1													4			
Washington	2				2															2		
York	15		1		14			2													12	

Table 12.3

ACTIVE VETERINARIANS IN MAINE*
NUMBER, PERCENT AND RATIO TO POPULATION BY COUNTY OF EMPLOYMENT

January 1, 1980

County of Employment	Number		Percent of Total		Ratio: Veterinarians to Population
	Actives	Population ^a	Actives	Population	
MAINE-TOTAL	121	1,116,500	100.0	100.0	1: 9,227
Androscoggin	6	97,000	5.0	8.7	1: 16,167
Aroostook	4	98,800	3.3	8.8	1: 24,700
Cumberland	26	209,800	21.5	18.8	1: 8,069
Franklin	3	26,600	2.5	2.4	1: 8,867
Hancock	6	42,600	5.0	3.8	1: 7,100
Kennebec	18	106,100	14.9	9.5	1: 5,894
Knox	3	34,600	2.5	3.1	1: 11,533
Lincoln	4	25,600	3.3	2.3	1: 6,400
Oxford	8	47,700	6.6	4.3	1: 5,962
Penobscot	14	140,200	11.6	12.6	1: 10,014
Piscataquis	3	17,000	2.5	1.5	1: 5,667
Sagadahoc	2	28,500	1.7	2.6	1: 14,250
Somerset	4	46,000	3.3	4.1	1: 11,500
Waldo	4	29,100	3.3	2.6	1: 7,275
Washington	2	35,800	1.7	3.2	1: 17,900
York	14	131,200	11.6	11.8	1: 9,371

Notes: Percentages calculated on fewer than 10 individuals are subject to large chance fluctuations and must be interpreted cautiously.
 Percentages may not add due to rounding.

*Licensed, active professionals working in Maine who responded to survey.

^a1980 Projected Population. From Maine Population Projections, Bureau of Health Planning and Development, Maine Department of Human Services, 1980 Series.
 Figures may not add due to rounding.

Table 12.5
ACTIVE VETERINARIANS IN MAINE*
BY AGE AND COUNTY OF EMPLOYMENT
January 1, 1980

County of Employment	Age							
	All Ages	Under 25	25-34	35-44	45-54	55-64	65 and Over	Unknown
MAINE-TOTAL	121	-	38	32	19	22	9	1
Percent ^a	100.0	-	31.7	26.7	15.8	18.3	7.5	-
Androscoggin	6		1	2		3		
Aroostook	4		1			2	1	
Cumberland	26		10	7	4	4	1	
Franklin	3			1	1	1		
Hancock	6			3	3			
Kennebec	18		5	2	3	5	2	1
Knox	3		1	1		1		
Lincoln	4		2		1	1		
Oxford	8		4	2	1	1		
Penobscot	14		1	6	3	2	2	
Piscataquis	3		2		1			
Sagadahoc	2		2					
Somerset	4		1	3				
waldo	4		2	1			1	
Washington	2			1			1	
York	14		6	3	2	2	1	

*Licensed, active professionals working in Maine who responded to survey.

^aPercent of knowns. Percentages calculated on fewer than 10 individuals are subject to large chance fluctuation and must be interpreted cautiously. Percentages may not add due to rounding.

Table 12.4

ACTIVE VETERINARIANS IN MAINE*
BY SPECIALTY AND COUNTY OF EMPLOYMENT

January 1, 1980

County of Employment	Specialty																		
	Total	Biochemistry	Bovine Practice (Exclusive)	Clinician	Diagnostic Veterinary Medicine	Equine Practice (Exclusive)	Laboratory Animal Medicine	Large Animal Practice (All Species)	Mixed Practice (50-50 large and small)	Mixed Practice (Over 50% Large Animals)	Mixed Practice (Over 50% Small Animals)	Parasitology	Pathology	Pathology, Avian	Pathology, Clinical	Regulatory Veterinary Medicine	Small Animal Practice (Exclusive)	Other Veterinary Medicine	Unknown
MAINE-TOTAL	121	1	1	5	1	3	2	5	6	3	43	1	1	1	1	3	37	3	4
Androscoggin	6		1			1					2						1	1	
Aroostook	4									1	1					1	1		
Cumberland	26			1		1			2		7						15		
Franklin	3								1		2								
Hancock	6			1			2										3		
Kennebec	14	1						3		1	3			1		2	5		2
Knox	3										1						2		
Lincoln	4										4								
Oxford	8										6						1		1
Penobscot	14				1						4	1	1		1		3	2	1
Piscataquis	3							1		1	1								
Sagadahoc	2					1					1								
Sumerset	4			1				1	1								1		
Waldo	4								1		3								
Washington	2										2								
York	14			2					1		6						5		

*Licensed active professionals working in Maine who responded to survey.

ACTIVE VETERINARIANS IN MAINE*
BY SELECTED CHARACTERISTICS

January 1, 1980

Characteristics	Number	Percent ^a
MAINE-TOTAL	121	100.0
<u>Age</u>		
Under 25	-	-
25-34	38	31.7
35-44	32	26.7
45-54	19	15.8
55-64	22	18.3
65+	9	7.5
Unknown	1	-
<u>Type or Form of Employment</u>		
Self Employed:		
Solo	64	53.3
Group	22	18.3
Employed by Other:		
Individual Practitioner(s)	18	15.0
Partnership or Group Practice	3	2.5
Other Non-Governmental Employee	4	3.3
State Government	4	3.3
Federal Government (civilian)	3	2.5
Other	2	1.7
Unknown	1	-

*Licensed active professionals working in Maine who responded to survey.

^a Percent of knowns. Percentages calculated on fewer than 10 individuals are subject to large chance fluctuations and must be interpreted cautiously. Percentages may not add due to rounding.

ACTIVE VETERINARIANS IN MAINE*
BY SELECTED CHARACTERISTICS

January 1, 1980

Characteristics	Number	Percent ^a
MAINE - TOTAL	121	100.0
<u>Hours per Week</u>		
Under 20	5	4.3
20-29	3	2.6
30-39	4	3.4
40+	104	89.7
Unknown	5	-
<u>Work Setting</u>		
Small Animal Hospital	90	75.6
Farm or Ranch	11	9.2
Other Animal Treatment Setting	6	5.0
University, College or School	1	0.8
Administrative or Regulatory Health Agency	4	3.4
Medical Research Institution or Establishment	2	1.7
Business or Industry	2	1.7
Large Animal Hospital	1	0.8
Other	2	1.7
Unknown	2	-

*Licensed active professionals working in Maine who responded to survey.

^aPercent of knowns. Percentages calculated on fewer than 10 individuals are subject to large chance fluctuations and must be interpreted cautiously. Percentages may not add due to rounding.

Table 12.7
ACTIVE VETERINARIANS IN MAINE*
BY FORM OF EMPLOYMENT, AGE AND HOURS
January 1, 1980

Age and Hours	Form of Employment									
	Total	Self Employed		Employed by Others						Unknown
		Solo	Group	Individual Practice	Partnership or Group Practice	Other Non-Governmental Employee	Government State	Government Federal (Civilian Employee)	Other	
MAINE - TOTAL	121	64	22	18	3	4	4	3	2	1
<u>Age</u>										
Under 25	-									
25-34	38	14	6	14	2		2			
35-44	32	19	8	3	1	1				
45-54	19	13	4			2				
55-64	22	13	4	1		1		1	1	1
65+	9	4					2	2	1	
Unknown	1	1								
<u>Hours per Week</u>										
Under 20	5		2	1					2	
20-29	3	2		1						
30-39	4	3				1				
40+	104	57	20	14	3	3	4	3		
Unknown	5	2		2						1

*Licensed, active professionals working in Maine who responded to survey.

Table 12.8
ACTIVE VETERINARIANS IN MAINE*
BY WORK SETTING, AGE AND HOURS
January 1, 1980

Age and Hours	Work Setting										
	Total	Small Animal Hospital	Farm or Ranch	Other Animal Treatment Setting	University, College or School	Administrative or Regulatory Health Agency	Medical Research Institution or Establishment	Business or Industry	Large Animal Hospital	Other	Unknown
MAINE-TOTAL	121	90	11	6	1	4	2	2	1	2	2
<u>Age</u>											
Under 25	-										
25-34	38	30	6	1		1					
35-44	32	28	2				1		1		
45-54	19	15	1	1	1		1				
55-64	22	14	2	2		1		2			1
65+	9	3		2		2				2	
Unknown	1										1
<u>Hours per Week</u>											
1-19	5	3		1				1			
20-29	3	1	1	1							
30-39	4	2		1			1				
40+	104	81	10	3	1	4	1	1	1	2	
Unknown	5	3									2

*Licensed, active professionals working in Maine who responded to survey.

APPENDIX

Health Manpower Resource Inventories

1980 ALLOPATHIC PHYSICIAN RESOURCE INVENTORY

Please answer all questions, sign and return with your licensure renewal. (Please Print)

The Maine State Board of Registration in Medicine, in conjunction with the Bureau of Health Planning and the National Center for Health Statistics, is conducting this resource inventory as a means of maintaining and updating accurate and timely information on physicians. Licensure renewal is not contingent upon completing this inventory, but your cooperation will be appreciated. Thank you.

George Sullivan, M.D.
Secretary

1. NAME: 101 Last 103 First 104 Initial

2. HOME ADDRESS: 201 Street 203 City 204 State 205 Zip

3. LAST NAME AT BIRTH: 305

4. DATE OF BIRTH: Month Day Year

5. ARE YOU CURRENTLY ACTIVE IN THIS PROFESSION? (Currently active means working one or more hours per week in activities related to this profession. Mark YES even if you are temporarily ill or injured, on vacation, moving, or in private patient care but temporarily inactive for other reasons.)

1. ☐ YES 2. ☐ NO

6. IF YOU ARE NOT CURRENTLY ACTIVE AS A PHYSICIAN, PLEASE INDICATE YOUR ACTIVITY STATUS:

1. ☐ Working in another field and seeking work as a physician
2. ☐ Working in another field and not seeking work as a physician
3. ☐ Unemployed—seeking work as a physician
4. ☐ Retired
5. ☐ Not working due to household responsibilities
6. ☐ In training
7. ☐ Other (Please Specify):

WHAT WAS THE LAST MONTH AND YEAR THAT YOU WORKED AS A PHYSICIAN? Month Year

7. IF YOU ARE CURRENTLY EMPLOYED AS A PHYSICIAN, PLEASE INDICATE THE ADDRESS OF YOUR PRIMARY PLACE OF EMPLOYMENT:

303 Primary Place of Work

304 Number and Street

310 City

State or Foreign Country Zip

OFFICE TELEPHONE NO:

8. PLEASE INDICATE YOUR PLACE OF WORK AS A PHYSICIAN ONE YEAR AGO IF DIFFERENT FROM ABOVE:

City State or Foreign Country Zip

9. ARE YOU PRESENTLY LICENSED BY ANY STATE OTHER THAN MAINE AS A PHYSICIAN?

☐ YES ☐ NO10. DID YOU RESIDE OR PRACTICE IN MAINE DURING THE LAST 12 MONTHS? ☐ YES ☐ NO

IF YOU ANSWERED YES TO QUESTION 9 AND NO TO QUESTION 10, PLEASE OMIT THE REMAINING QUESTIONS, SIGN AND RETURN. OTHERWISE, PLEASE CONTINUE. THANK YOU

11. SEX: 1. ☐ Male 2. ☐ Female12. RACE: 1. ☐ Caucasian 2. ☐ Negro 3. ☐ American Indian 4. ☐ Oriental or Asian5. ☐ Other (specify):13. SPANISH ORIGIN OR DESCENT: 1. ☐ YES 2. ☐ NO

14. PLEASE INDICATE THE LOCATION OF SCHOOLS AND YEAR OF GRADUATION FOR YOUR PROFESSIONAL EDUCATION:

Medical School State or Foreign Country and Year Graduated

Post Graduate Medical Education (residency) State or Foreign Country

15. NUMBER OF YEARS ACTIVE AS A PHYSICIAN SINCE TIME FIRST LICENSED BY ANY STATE (exclude inactive periods of 6 months or more): 1555

16. DURING THE LAST 12 MONTHS HOW MANY WEEKS DID YOU WORK AS A PHYSICIAN FOR ONE OR MORE HOURS PER WEEK (include paid vacation and sick leave):

IN MAINE WEEKS ANY LOCATION WEEKS

OFFICE USE ONLY

401

301

302

605

306

307

308

309

312

716

717

718

719

311

402

404

406

501

502

507

504

505

612

COMPLETE THE REMAINING QUESTIONS ONLY IF YOU ARE ACTIVE. OTHERWISE SIGN AND RETURN.

17. PRIMARY FORM OF EMPLOYMENT (Check one only):

SELF EMPLOYED

11. ☐ solo practice or single owner business

12. ☐ partnership or jointly owned practice or business

EMPLOYED BY:

21. ☐ individual practitioner

32. ☐ county government

22. ☐ retail or wholesale trade establishment

33. ☐ state government

23. ☐ partnership or group of practitioners

34. ☐ federal government (civilian employee or

24. ☐ group health plan facility

Public Health Service)

25. ☐ other nongovernmental employer (i.e.,

35. ☐ federal government (armed services personnel

hospital, nursing home, school, business,

only)

etc.)

36. ☐ National Health Service Corps

31. ☐ local government (other than state or

41. ☐ unpaid (voluntary) work

42. ☐ other (specify) _____

OFFICE USE ONLY

601 _____

18. PRINCIPAL SETTING OF EMPLOYMENT (Check one only):

11. ☐ hospital

33. ☐ university or college other than medicine,

12. ☐ nursing home, rest home, convalescent home,

dentistry or nursing

chronic disease hospital

34. ☐ school or treatment center for the handicapped

13. ☐ clinic, free standing

or disabled

14. ☐ group health plan facility

35. ☐ elementary or high school

15. ☐ practitioner's office

36. ☐ other schools

16. ☐ health facility or military installation

41. ☐ patients' homes

22. ☐ V.A., Public Health, Indian Health and other

42. ☐ medical research institution or establishment

federal facilities

43. ☐ professional or allied health association

31. ☐ school or college of Acupuncture or Osteopathic

44. ☐ administrative or regulatory health agency

medicine or podiatry

51. ☐ manufacturing or industrial establishment

32. ☐ school or college of nursing

52. ☐ retail, wholesale or other business establishment

71. ☐ other (specify) _____

604 _____

19. HOURS USUALLY SPENT PER WEEK:

hrs. a. Providing patient or client care or services (including regulated administrative duties, diagnosis and treatment, training provided to interns, residents, students or trainees while providing patient care or services)

hrs. b. Teaching course(s) related to this licensed profession (including course preparation)

hrs. c. Research

hrs. d. Administration (excluding administrative duties related to the care of patients)

hrs. e. Retail or wholesale trade

hrs. f. Other (specify) _____

hrs. TOTAL _____

602 _____

20. PROFESSIONAL SPECIALTY AND HOURS

Please indicate below, using the code numbers found on the attached list of specialties, your primary, secondary and tertiary specialties along with the number of hours you spend per week in each specialty.

NOTE: Use only those hours indicated in 19a above.

Specialty	Hours (Patient Care)
Primary _____	_____
Secondary _____	_____
Tertiary _____	_____
TOTAL = 19a Above _____	

603 _____

608 _____

21. ARE YOU BOARD CERTIFIED? (The AMA specialty list is attached for your reference. Please use the code numbers found in front of the specialty)

☐ YES ☐ NO (Please specify) _____

605 _____

22. DO YOU TREAT MEDICARE (TITLE 18) PATIENTS? 1. ☐ YES 2. ☐ NO

650 _____

23. DO YOU TREAT MEDICAID (TITLE 19) PATIENTS? 1. ☐ YES 2. ☐ NO

615 _____

24. ARE YOU ACCEPTING NEW MEDICAID (TITLE 19) PATIENTS? 1. ☐ YES 2. ☐ NO

646 _____

SIGNATURE _____

DATE _____

WE INVITE YOUR INQUIRIES INTO THIS DATA BASE FOR PURPOSES OF PLANNING SERVICES.
THANK YOU.

OFFICE USE ONLY

638

OFFICE USE ONLY

0	1	2	3	4	5	6	7	8	9
5312									

1980 OSTEOPATHIC PHYSICIAN RESOURCE INVENTORY

Please answer all questions, sign and return. (Please Print)

The Maine Osteopathic Association, in conjunction with the Bureau of Health Planning and the National Center for Health Statistics, is conducting this resource inventory as a means of maintaining and updating accurate and timely information on physicians. This form has been prepared with information from our files. Please **VERIFY** the information provided and make appropriate revisions when information is outdated. Please complete those questions where information is not precoded. Your cooperation will be appreciated. Thank you.


Philip Johnson
Executive Director

1. NAME	101 Last	103 First	104 Middle	
2. HOME ADDRESS:	201 Street	203 City	204 State	205 ZIP
3. *LAST NAME AT BIRTH:	80a			
4. DATE OF BIRTH:	Month	Day	Year	
5. ARE YOU CURRENTLY ACTIVE IN THIS PROFESSION? (Currently active means working one or more hours per week in activities related to this profession. Mark YES even if you are temporarily ill or injured, on vacation, moving, or in private patient care but temporarily inactive for other reasons.)				
1. ☐ YES 2. ☐ NO (Please Specify Reason for Inactivity)				
4. ☐ Retired				
6. ☐ In Training				
7. ☐ Other (Please Specify):				
WHAT WAS THE LAST MONTH AND YEAR THAT YOU WORKED AS A PHYSICIAN	Month	Year		
6. IF YOU ARE CURRENTLY EMPLOYED AS A PHYSICIAN, PLEASE INDICATE THE ADDRESS OF YOUR PRIMARY PLACE OF EMPLOYMENT.				
303 Primary Place of Work				
304 Number and Street				
310 City				
State or Foreign Country	Zip			
OFFICE TELEPHONE NO:				
7. PLEASE INDICATE YOUR PLACE OF WORK AS A PHYSICIAN ONE YEAR AGO IF DIFFERENT FROM ABOVE.				
City	State or Foreign Country	Zip		
3. ARE YOU PRESENTLY LICENSED BY ANY STATE OTHER THAN MAINE AS A PHYSICIAN?				
☐ YES ☐ NO				
9. DID YOU RESIDE OR PRACTICE IN MAINE DURING THE LAST 12 MONTHS?	☐ YES ☐ NO			
IF YOU ANSWERED YES TO QUESTION 8 AND NO TO QUESTION 9, PLEASE PRINT THE REMAINING QUESTIONS, SIGN AND RETURN. OTHERWISE, PLEASE CONTINUE. THANK YOU.				
10. PLEASE INDICATE THE LOCATION OF SCHOOLS AND YEAR OF GRADUATION FOR YOUR PROFESSIONAL EDUCATION:				
Medical School	State or Foreign Country		and Year Graduated	
Internship	State or Foreign Country		Residency	
	State or Foreign Country		State or Foreign Country	
11. NUMBER OF YEARS ACTIVE AS A PHYSICIAN SINCE TIME FIRST LICENSED BY ANY STATE				
12. DURING THE PAST 12 MONTHS HOW MANY HOURS DID YOU WORK AS A PHYSICIAN FOR ONE OR MORE HOURS PER WEEK (Include non-vacation and sick leave)				
IN MAINE	WEEKS	ANY LOCATION	WEEKS	

OFFICE USE ONLY

401	
301	
202	
606	
206	
307	
308	
209	
512	
716	
717	
718	
719	
311	
501	
502	
507	
504	
505	
612	

COMPLETE THE REMAINING QUESTIONS ONLY IF YOU ARE ACTIVE. OTHERWISE SIGN AND RETURN!

13. PRIMARY FORM OF EMPLOYMENT (check one only):

SELF-EMPLOYED:

11. ☐ individual practitioner
 12. ☐ partnership or group-owned practice or business

EMPLOYED BY:

21. ☐ individual practitioner
 23. ☐ partnership or group of practitioners
 24. ☐ group health plan facility
 25. ☐ hospital, nursing home, school, business
 33. ☐ state government
 34. ☐ federal government (civilian employee or Public Health Services)
 36. ☐ National Health Service Corps
 35. ☐ federal government (armed services personnel only)
 42. ☐ other (specify) _____

601 _____

14. PRINCIPAL SETTING OF EMPLOYMENT (Check one only):

11. ☐ hospital
 12. ☐ nursing home, rest home, convalescent home, chronic disease hospital
 13. ☐ clinic, free standing
 14. ☐ group health plan facility
 15. ☐ practitioner's office
 21. ☐ health facility on military installation
 22. ☐ V.A., Public Health, Indian Health, and other federal facilities
 31. ☐ school or college of Osteopathic medicine
 33. ☐ university or college other than medicine, dentistry or nursing
 34. ☐ school or treatment center for the handicapped or disabled
 42. ☐ medical research institution or establishment
 43. ☐ professional or allied health association
 44. ☐ administrative or regulatory health agency
 51. ☐ manufacturing or industrial establishment
 71. ☐ other (specify) _____

604 _____

15. HOURS USUALLY SPENT PER WEEK IN:

- ____ hrs. a. Providing patient or client care or services (including regulated administrative duties, diagnosis and treatment, training provided to interns, residents, students, or trainees while providing patient care or services)
 ____ hrs. b. Teaching course(s) related to this licensed profession (including course preparation)
 ____ hrs. c. Research
 ____ hrs. d. Administration (excluding administrative duties related to the care of patients)
 ____ hrs. e. Other (specify) _____
 ____ hrs. TOTAL _____

602 _____

16. PRACTICE AREAS AND HOURS

Please indicate below using the code numbers found on the attached list of specialties, your primary, secondary, and tertiary specialties along with the number of hours you spend per week in each practice area.

NOTE: Use only those hours indicated in 15c. above:

Practice Areas	Hours (Patient Care)
Primary _____	_____
Secondary _____	_____
Tertiary _____	_____
TOTAL = 15a Above: _____	

603 _____

509 _____

17. ARE YOU BOARD CERTIFIED? (A list of Osteopathic Practice Areas can be found on the attached list for your reference, please use the code numbers found preceding the practice area):

- ☐ YES ☐ NO (Please specify) _____

605 _____

18. DO YOU ACCEPT MEDICARE B (TITLE 18) ASSIGNMENTS? 1. ☐ YES 2. ☐ NO

650 _____

19. DO YOU TREAT MEDICAID (TITLE 19) PATIENTS? 1. ☐ YES 2. ☐ NO

645 _____

If YES to question 19, do you limit the percent of Medicaid patients in your practice?

1. ☐ YES (indicate percent) _____
 2. ☐ NO (No limitation)

SIGNATURE _____

DATE _____

WE INVITE YOUR INQUIRIES INTO THIS DATA BASE FOR PURPOSES OF PLANNING SERVICES.
 THANK YOU.

OFFICE USE ONLY

0	6	0	0							H
BBB				79						

OFFICE USE ONLY

638 _____ 639 _____

REGISTERED NURSE RESOURCE INVENTORY

Please answer all questions, sign and return with your licensure renewal. (Please Print)

The Maine State Board of Nursing, in conjunction with the Bureau of Health and the National Center for Health Statistics, is conducting this resource inventory as a means of maintaining and updating accurate and timely information on nurses. Please complete ALL questions. License Renewal is not contingent upon completing this inventory, but your cooperation will be appreciated. To insure confidentiality this data will be released in aggregate form only.

Thank you for your cooperation.

Marion M. Kiappmeier, R.N.
Executive Director

1. NAME: 101 Last _____ 103 First _____ 104 Initial _____

2. HOME ADDRESS: 201 Street _____ 203 City _____ 204 State _____ 205 Zip _____

3. LAST NAME AT BIRTH: _____ 805

4a. LICENSE NUMBER: _____ 4b. SOCIAL SECURITY NUMBER: _____

5. ARE YOU PRESENTLY LICENSED BY ANY STATE OTHER THAN MAINE FOR THIS PROFESSION? ☐ YES ☐ NO
Please List States: _____6. DATE OF BIRTH: _____
Month Day Year7. PLACE OF BIRTH: _____
State or Foreign Country8. SEX: 1. ☐ Male 2. ☐ Female9. MARITAL STATUS: 1. ☐ Never married 2. ☐ Married now 3. ☐ Separated/Divorced 4. ☐ Widowed10. RACE: 1. ☐ Caucasian/White 2. ☐ Negro/Black 3. ☐ American Indian 4. ☐ Oriental/Asian 5. ☐ Other (Specify) _____11. SPANISH ORIGIN OR DESCENT: 1. ☐ YES 2. ☐ NO

12. BASIC NURSING EDUCATIONAL PREPARATION:

1. _____ Diploma 2. _____ Associate Degree 3. _____ Baccalaureate or Higher 4. _____ Other (specify) _____

13. PLEASE INDICATE THE YEAR OF GRADUATION AND THE EXACT NAME AND LOCATION OF
YOUR BASIC NURSING PROGRAM:_____
Year of Graduation_____
Name of School_____
State or Foreign Country

14. PLEASE INDICATE YOUR HIGHEST DEGREE:

1. _____ Diploma 2. _____ Associate Degree 3. _____ Baccalaureate in Nursing 4. _____ Baccalaureate in other field
5. _____ Masters in Nursing 6. _____ Masters in other field 7. _____ Doctorate (e.g., Ph.D., Ed.D., D.N.Sc.)

15. NUMBER OF YEARS ACTIVE IN THIS PROFESSION SINCE TIME FIRST LICENSED BY ANY STATE: _____

16. DURING THE PAST 12 MONTHS, HOW MANY WEEKS DID YOU WORK AS AN RN FOR ONE OR MORE HOURS PER WEEK
(Include paid vacation and sick leave):

IN MAINE _____ Weeks ANY LOCATION _____ Weeks

17. INDICATE WHICH OF THE FOLLOWING BEST DESCRIBES YOUR CURRENT EMPLOYMENT STATUS:

01. ☐ Employed in Nursing Full-time. 03. ☐ Employed in a field other than Nursing Full-time.
02. ☐ Employed in Nursing Part-time. 04. ☐ Employed in a field other than Nursing Part-time.
05. ☐ Not employed in any field.

18. IF YOU ARE NOT CURRENTLY EMPLOYED AS AN RN, WHAT IS YOUR ACTIVITY STATUS:

1. ☐ Working in another field and seeking work in nursing 5. ☐ Not working due to household responsibilities
2. ☐ Working in another field and not seeking work in nursing 6. ☐ In training
3. ☐ Unemployed — seeking work in nursing 7. ☐ Other (Please Specify): _____
4. ☐ Retired19. IF YOU ARE UNEMPLOYED AND ACTIVELY SEEKING EMPLOYMENT IN NURSING, PLEASE INDICATE THE NUMBER OF
_____ WEEKS OR _____ DAYS SEEKING EMPLOYMENT.

OFFICE USE ONLY

702 _____

206 _____

706 _____

707 _____

401 _____

607 _____

402 _____

403 _____

404 _____

406 _____

705 _____

502 _____

609 _____

501 _____

503 _____

504 _____

505 _____

612 _____

708 _____

301 _____

302 _____

710 _____

20. IF YOU ARE CURRENTLY ACTIVE AS AN RN, PLEASE INDICATE THE ADDRESS OF YOUR PRIMARY PLACE OF EMPLOYMENT:

303 _____
Primary Place of Work
304 _____
Number and Street
310 _____
City State or Foreign Country Zip

21. PLEASE INDICATE YOUR PLACE OF WORK AS AN RN ONE YEAR AGO IF DIFFERENT FROM ABOVE:

City State or Foreign Country Zip

COMPLETE THE REMAINING QUESTIONS ONLY IF YOU ARE CURRENTLY ACTIVE

22. HOURS USUALLY SPENT PER WEEK

____ hrs. Providing patient or client care or services (including regular administrative duties, training provided to students or trainees while you are providing patient care or services).
____ hrs. Teaching courses related to this profession (including course preparation).
____ hrs. Research
____ hrs. Administration (excluding administrative duties related to the care of patients).
____ hrs. Retail or wholesale
____ hrs. Other (specify) _____
____ hrs. TOTAL

23. PRINCIPAL FIELD/PLACE OF EMPLOYMENT: (Check only one)

01. ____ Hospital 02. ____ Nursing Home 03. ____ School of Nursing 04. ____ Private Duty 05. ____ School Nurse
06. ____ Occupational Health Nurse 07. ____ Office Nurse (Physician or Dentist) 08. ____ Community Health (except school)
09. ____ Self-employed other than private duty 10. ____ Other (specify): _____

24. TYPE OF POSITION:

01. ____ Administrator or Assistant 02. ____ Consultant 03. ____ Supervisor or Assistant 04. ____ Instructor
05. ____ Head Nurse or Assistant 06. ____ Staff or General Duty 07. ____ Nurse Associate/Practitioner (e.g., PNP, FNP, etc.)
08. ____ Clinical Specialist (Master's Degree) 10. ____ Certified Registered Nurse Anesthetist
09. ____ Other (specify): _____

25. MAJOR CLINICAL TEACHING OR PRACTICE AREA:

01. ____ Generalized Community Health (Public Health) 02. ____ General Practice 03. ____ Geriatric
04. ____ Obstetric/Gynecologic 05. ____ Medical-Surgical 06. ____ Pediatric 07. ____ Psychiatric/Mental Health
08. ____ Other (specify): _____ 09. ____ Anesthesia

OFFICE USE ONLY

306 _____
307 _____
308 _____
309 _____
716 _____
717 _____
718 _____
719 _____

602 _____

604 _____

713 _____

714 _____

Date

Signature

Please return survey with your license renewal to the Maine State Board of Nursing and direct any questions regarding LICENSURE to the Board of Nursing, 295 Water Street, Augusta, Me. 04330. Any questions concerning this SURVEY should be directed to the Health Manpower Program, Bureau of Health Planning and Development, Department of Human Services, Augusta, Me. 04333.

WE INVITE YOUR INQUIRIES INTO THIS DATA BASE FOR PURPOSES OF PLANNING SERVICES.
THANK YOU.

OFFICE USE ONLY
638 _____ 639 _____

OFFICE USE ONLY

702 _____

208 _____ | _____ | _____

706 _____

707 _____

401 _____

607 _____

402 _____

403 _____

404 _____

406 _____

720 _____

721 _____

502 _____

501 _____

722 _____

723 _____

504 _____

18. DURING THE PAST 12 MONTHS, HOW MANY WEEKS DID YOU WORK AS AN LPN FOR ONE OR MORE HOURS PER WEEK (Include paid vacation and sick leave):

IN MAINE _____ Weeks ANY LOCATION _____ Weeks

19. INDICATE WHICH OF THE FOLLOWING BEST DESCRIBES YOUR *CURRENT* EMPLOYMENT STATUS:

01. ☐ Employed in Nursing Full-time. 03. ☐ Employed in a field other than Nursing Full-time.
02. ☐ Employed in Nursing Part-time. 04. ☐ Employed in a field other than Nursing Part-time.
05. ☐ Not employed in any field.

20. IF YOU ARE NOT CURRENTLY EMPLOYED AS AN LPN, WHAT IS YOUR ACTIVITY STATUS:

1. ☐ Working in another field and seeking work in nursing 5. ☐ Not working due to household responsibilities
2. ☐ Working in another field and not seeking work in nursing 6. ☐ Unemployed—not seeking work in nursing
3. ☐ Unemployed—seeking work in nursing 7. ☐ Other (Please Specify): _____
4. ☐ Retired

WHAT WAS THE LAST MONTH AND YEAR THAT YOU WORKED AS AN LPN: _____
Month Year

21. IF YOU ARE UNEMPLOYED AND ACTIVELY SEEKING EMPLOYMENT IN NURSING, PLEASE INDICATE THE NUMBER OF _____ WEEKS OR _____ DAYS SEEKING WORK.

22. IF YOU ARE CURRENTLY ACTIVE AS AN LPN, PLEASE INDICATE THE ADDRESS OF YOUR PRIMARY PLACE OF EMPLOYMENT:

303 _____
Primary Place of Work
304 _____
Number and Street
310 _____
City
_____ County _____ State or Foreign Country _____ Zip

23. PLEASE INDICATE YOUR PLACE OF WORK AS AN LPN ONE YEAR AGO IF DIFFERENT FROM ABOVE:

_____ City _____ County _____ State or Foreign Country _____ Zip

COMPLETE THE REMAINING QUESTIONS ONLY IF YOU ARE CURRENTLY ACTIVE.

24. HOURS USUALLY SPENT PER WEEK IN PRACTICAL NURSING:

_____ hrs. Providing patient care or client care or services
_____ hrs. Administration (excluding administrative duties related to the care of patients)
_____ hrs. Other (specify): _____
_____ hrs. TOTAL

25. PRINCIPAL FIELD/PLACE OF EMPLOYMENT: (Check only one)

01. ☐ Hospital 05. ☐ Office nurse (Physician or Dentist)
02. ☐ Nursing home 06. ☐ Community/Public Health
03. ☐ Private duty 07. ☐ Other (specify): _____
04. ☐ Industrial/Occupational health

OFFICE USE ONLY

505 _____

612 _____

708 _____

302 _____

606 _____

710 _____

306 _____

307 _____

308 _____

309 _____

716 _____

717 _____

718 _____

719 _____

602 _____ 000

000

000

604 _____

Date

Signature

Please return survey with your license renewal to the Maine State Board of Nursing and direct any questions regarding LICENSURE to the Board of Nursing, 295 Water Street, Augusta, Me. 04330. Any questions concerning this SURVEY should be directed to the Health Manpower Program, Bureau of Health Planning and Development, Department of Human Services, State House Station 11, Augusta, Me. 04333. We invite your inquiries into this data base for purposes of planning services.

THANK YOU.

OFFICE USE ONLY									
1	2	3	4	5	6	7	8	9	10
A1A					B0				

OFFICE USE ONLY	
518	_____

1980 PHYSICAL THERAPIST RESOURCE INVENTORY

Please answer all questions, sign and return with your licensure renewal. (Please Print)

The Maine State Board of Examiners for Physical Therapy and the Division of Central Licensing, in conjunction with the Bureau of Health Planning and the National Center for Health Statistics, is conducting this resource inventory as a means of maintaining and updating accurate and timely information on physical therapists. Please answer all questions. License renewal is not contingent upon completing this inventory, but your cooperation will be appreciated. Thank you.

Mary Ellen Penning
Director, Central Licensing

1. NAME: _____
101 Last 103 First 104 Initial

2. HOME ADDRESS: _____
201 Street 203 City 204 State 205 Zip

3. LAST NAME AT BIRTH: _____
805

4. ARE YOU CURRENTLY ACTIVE IN THIS PROFESSION? (Currently active means working one or more hours per week in activities related to this profession. Mark YES even if you are temporarily ill or injured, on vacation, moving, or providing patient care but temporarily inactive for other reasons.)

5. IF YOU ARE NOT CURRENTLY EMPLOYED AS A PHYSICAL THERAPIST, PLEASE INDICATE YOUR ACTIVITY STATUS:
 1. Working in another field and seeking work in physical therapy
 2. Working in another field and not seeking work in physical therapy
 3. Unemployed—seeking work in physical therapy
 4. Retired
 5. Not working due to household responsibilities
 6. In training in physical therapy
 7. Other (Please Specify) _____

WHAT WAS THE LAST MONTH AND YEAR THAT YOU WORKED IN PHYSICAL THERAPY ACTIVITIES? _____
Month Year

6. IF YOU ARE CURRENTLY EMPLOYED AS A PHYSICAL THERAPIST, PLEASE INDICATE THE ADDRESS OF YOUR PRIMARY PLACE OF EMPLOYMENT

303 _____
Primary Place of Work

304 _____
Number and Street

310 _____
City State or Foreign Country Zip

7. PLEASE INDICATE YOUR PLACE OF WORK AS A PHYSICAL THERAPIST ONE YEAR AGO IF DIFFERENT FROM ABOVE

City State or Foreign Country Zip

8. DATE OF BIRTH: _____
Month Day Year

9. ARE YOU PRESENTLY LICENSED BY ANY STATE OTHER THAN MAINE FOR PHYSICAL THERAPY? YES NO

10. DID YOU RESIDE OR PRACTICE IN MAINE DURING THE LAST 12 MONTHS? YES NO

IF YOU ANSWERED YES TO QUESTION 9, DO NOT TO QUESTION 10. PLEASE OMIT THE REMAINING QUESTIONS, SIGN ON REVERSE SIDE, AND RETURN. OTHERWISE, PLEASE CONTINUE.

11. SEX: 1. Male 2. Female

12. MARITAL STATUS: 1. Never Married 2. Married Now 3. Separated/Divorced 4. Widowed

13. RACE: 1. Caucasian 2. Negro 3. American Indian 4. Oriental or Asian

5. Other (specify) _____

14. ARE YOU OF SPANISH ORIGIN OR DESCENT? 1. YES 2. NO

15. PLEASE INDICATE ALL EDUCATION PROGRAMS YOU HAVE COMPLETED:

5.1 Bachelor's Degree in Physical Therapy Other Bachelors Degree
 5.2 Certificate in Physical Therapy
 6.1 Master's Degree in Physical Therapy Other Masters Degree
 6.2 Doctorate
 7. Other (specify) _____

16. PLEASE INDICATE THE YEAR OF GRADUATION AND THE LOCATION OF THE SCHOOL THAT PROVIDED YOU WITH THE BASIC EDUCATION TO APPLY FOR THIS LICENSE.

Year of Graduation

State or Foreign Country

OFFICE USE ONLY

301 _____

307 _____

605 _____

306 _____

307 _____

308 _____

309 _____

715 _____

717 _____

718 _____

719 _____

701 _____

311 _____

402 _____

403 _____

404 _____

405 _____

503 _____

502 _____

501 _____

17. NUMBER OF YEARS ACTIVE IN PHYSICAL THERAPY SINCE TIME FIRST LICENSED BY ANY STATE _____

18. DURING THE PAST 12 MONTHS HOW MANY WEEKS DID YOU WORK AS A PHYSICAL THERAPIST FOR ONE OR MORE HOURS PER WEEK (please print location and check boxes) IN MAINE _____ WEEKS ANY LOCATION _____ WEEKS

COMPLETE THE REMAINING QUESTIONS ONLY IF YOU ARE CURRENTLY ACTIVE

19. IN AN AVERAGE WEEK HOW MANY HOURS ARE SPENT IN THE FOLLOWING ACTIVITIES:

- hrs. Providing patient care or services (including team conferences, paperwork, travel, administrative duties, evaluation and treatment, training provided to students or trainees, while providing patient care or services)
 hrs. Teaching coursework related to the licensed profession (including course preparation and inservice training)
 hrs. Research
 hrs. Administration (including administrative duties related to the care of patients and including hospital committee meetings)
 hrs. Other (Specify): _____
 hrs. TOTAL _____

20. PLEASE INDICATE THE TYPE OF EMPLOYER FOR WHOM YOU WORK

- SELF EMPLOYED 11. Solo Practice, Single Owner Business, or Consultant
 12. Partnership or Group Owned Business

EMPLOYED BY NON-GOVERNMENTAL EMPLOYER

25. Hospital SNF ICF Boarding Home
 Home Health Agency School Business
 21. Individual Physician Another Physical Therapist
 23. Partnership or Group of Physicians Partnership or Group of Physical Therapists
 Other (Specify): _____

EMPLOYED BY GOVERNMENT

31. Local Government 32. County Government 33. State Government
 34. Federal Government, Civilian (V.A., Public Health, NHCSS)
 35. Federal Government (Armed Services)

21. PLEASE ESTIMATE THE PERCENTAGE OF YOUR WEEK'S TIME SPENT IN THE FOLLOWING SETTINGS

15. Private PT Office 21. Health Facility on Military Installation
 15. Physicians Office 22. V.A., Public Health, Indian Health, Other Federal Facilities
 11. Hospital 50. Industry
 12. SNF 35. Elementary or High School
 12. ICF 33. College or University
 12. Boarding Home 36. Vocational School
 41. Private Home 34. School or Treatment Center for the Handicapped or Disabled
 Other (Specify): _____
 100% TOTAL

22. PLEASE LIST YOUR PRIMARY, SECONDARY AND TERTIARY AREAS OF INTEREST (SECTION MEMBERSHIP) IN PHYSICAL THERAPY (BY INDICATING 1, 2 AND 3 ON THE FOLLOWING LIST)

01. Administration 06. Research 10. Neurology
 02. Community Health 07. Cardio-Pulmonary 11. Obstetrics/Gynecology
 03. Education 08. Electrophysiology & Electro- 12. Orthopedics
 04. Private Practice kinesiological Measurements 13. Pediatrics
 05. Sports Medicine 09. Geriatrics 14. State Licensure & Regulation

23. PLEASE INDICATE THE NUMBER OF CONTINUING EDUCATION UNITS (CEUs) YOU HAVE EARNED IN THE LAST 12 MONTHS: None _____ CEUs _____

OFFICE USE ONLY

504 _____

505 _____

612 _____

602 _____ 000

601 _____

604 _____

603 _____

603 _____

Date

Signature

Please return survey with your license renewal to the Maine State Board of Examiners for Physical Therapists and direct any questions regarding LICENSURE to the Board of Examiners for Physical Therapists, Central Licensing, State House, Station 35, Augusta, Maine 04333. Any questions concerning this SURVEY should be directed to the Health Manpower Planning, Bureau of Health Planning and Development, Department of Health Services, Augusta, Maine 04333. We invite your inquiries into this data base for purposes of planning services.

THANK YOU.

16. SPATIAL DIRECTION DESCRIPTION	17.	18. YES	19. NO
16. SPATIAL DIRECTION DESCRIPTION	17.	18. YES	19. NO

17. NUMBER OF YEARS ACTIVE IN THIS PROFESSION SINCE TIME FIRST LICENSED BY ANY STATE: (Exclude inactive periods of 6 months or more) 601 _____ Years

18. DURING THE PAST 12 MONTHS, HOW MANY WEEKS DID YOU WORK IN PODIATRY ACTIVITIES FOR ONE OR MORE HOURS PER WEEK (Include participation and sick leave).

IN MAINE _____ Weeks ANY LOCATION _____ Weeks
506 612

COMPLETE THE REMAINING QUESTIONS ONLY IF YOU ARE ACTIVE. OTHERWISE SIGN AND RETURN.

19. HOURS USUALLY SPENT PER WEEK IN PODIATRY:

____ hrs. Providing patient care or client care or services (including regulated administrative duties, diagnosis and treatment, training and/or students or trainees while providing patient care or services)
____ hrs. Teaching course(s)
____ hrs. Research
____ hrs. Administration (excluding administrative duties related to the care of patients)
____ hrs. Retail or wholesale trade
____ hrs. Other (Specify): _____
____ hrs. TOTAL 602 _____

20. PRIMARY FORM OF EMPLOYMENT (Check Only One):

603
SELF-EMPLOYED 11. ☐ Solo Practice or Single Owner Business 12. ☐ Partnership or Group Owned Business

EMPLOYEE OF NON-GOVERNMENTAL EMPLOYER

21. ☐ Individual Practitioner 22. ☐ Retail or Wholesale Trade 23. ☐ Partnership or Group of Practitioners
24. ☐ Group Health Plan Facility 25. ☐ Other Non-Governmental Employer (Hospital, Nursing Home, School or Business)

EMPLOYEE OF GOVERNMENTAL EMPLOYER

31. ☐ Local Government 32. ☐ County Government 33. ☐ State Government
34. ☐ Federal Government (Civilian Employee) 35. ☐ Federal Government (Armed Services)

OTHER FORM OF EMPLOYMENT

41. ☐ Unpaid Voluntary Work 42. ☐ Other (Specify) _____

21. PRINCIPAL SETTING OF EMPLOYMENT (Check Only One):

604

NON-FEDERAL HEALTH FACILITIES

11. ☐ Hospital 12. ☐ Nursing home, rest home, convalescent home, chronic disease hospital
13. ☐ Clinic, free-standing 14. ☐ Group health plan facility 15. ☐ Practitioner's office

FEDERAL HEALTH FACILITIES

21. ☐ Health facility on military installation 22. ☐ V.A., Public Health, Indian Health and other federal facilities

SCHOOLS

31. ☐ School or college of medicine or dentistry 32. ☐ School or college of nursing
33. ☐ University or college of other medicine, dentistry or nursing 34. ☐ School or treatment center for the handicapped or disabled
35. ☐ Elementary or high school 36. ☐ Other schools

MISCELLANEOUS SETTING

41. ☐ Patients' homes 42. ☐ Medical research institution or establishment
43. ☐ Professional or allied health association 44. ☐ Administrative or regulatory health agency

BUSINESS ESTABLISHMENTS

51. ☐ Manufacturing or industrial establishment 52. ☐ Retail, wholesale or other business establishment

OTHER SETTINGS

71. ☐ Other type of setting (Specify) _____

22. PLEASE LIST YOUR PRIMARY, SECONDARY AND TERTIARY AREA OF PRACTICE IN PODIATRY (BY INDICATING 1, 2, and 3 ON THE FOLLOWING LIST).

01. _____ Foot Orthopedics, or Biomechanics 03. _____ Podiatric Dermatology 05. _____ Endopodiatry 07. _____ Surgery
02. _____ General Practice 04. _____ Podogeriatrics 06. _____ Rheumatology 08. _____ Other

605 _____

SIGNATURE

DATE

WE INVITE YOUR INQUIRIES INTO THIS DATA BASE FOR PURPOSES OF PLANNING ACTIVITIES.
THANK YOU.

OFFICE USE ONLY

0	1	2	3	4	5	6	7	8	9
8	8	8							

888

80

OFFICE USE ONLY

638

1980 CHIROPRACTOR RESOURCE INVENTORY

Please answer all questions, sign and return in the enclosed envelope. (Please Print)

The State of Maine Board of Chiropractic Examination and Registration in conjunction with the Bureau of Health Planning and the National Center for Health Statistics is conducting this resource inventory as a means of maintaining and updating accurate and timely information on Chiropractors. Please complete all questions. License renewal is not contingent upon completing this inventory but your cooperation will be appreciated. Thank you.

G. Roy Slocum, D.C.
Secretary

1. NAME: 101 Last 103 First 104 Initial

2. HOME ADDRESS: 201 Street 203 City 204 State 205 Zip

3. ARE YOU CURRENTLY ACTIVE IN THIS PROFESSION? (Currently active means working one or more hours per week in activities related to this profession. Mark YES even if you are temporarily ill or injured, on vacation, moving, in private patient care but temporarily inactive for other reasons.)

1. ☐ YES 2. ☐ NO

4. IF YOU ARE NOT CURRENTLY EMPLOYED AS A CHIROPRACTOR, PLEASE INDICATE YOUR ACTIVITY STATUS:

1. ☐ Working in another field and seeking work in chiropractic medicine
2. ☐ Working in another field and not seeking work in chiropractic medicine
3. ☐ Unemployed—seeking work in chiropractic medicine
4. ☐ Retired
5. ☐ Not working due to household responsibilities
6. ☐ In training in chiropractic medicine
7. ☐ Other (Please Specify): _____

WHAT WAS THE LAST MONTH AND YEAR THAT YOU WORKED IN CHIROPRACTIC MEDICINE:

Month Year

5. IF YOU ARE CURRENTLY EMPLOYED IN CHIROPRACTIC MEDICINE, PLEASE INDICATE THE ADDRESS OF YOUR PRIMARY PLACE OF EMPLOYMENT:

303 Primary Place of Work

304 Number and Street

310 City

State or Foreign Country Zip

6. PLEASE INDICATE YOUR PLACE OF WORK IN CHIROPRACTIC MEDICINE ONE YEAR AGO IF DIFFERENT FROM ABOVE:

City State or Foreign Country Zip

7. DATE OF BIRTH: Month Day Year

8. ARE YOU PRESENTLY LICENSED BY ANY STATE OTHER THAN MAINE AS A CHIROPRACTOR?
☐ YES ☐ NO

9. DID YOU RESIDE OR PRACTICE IN MAINE DURING THE LAST 12 MONTHS? ☐ YES ☐ NO

IF YOU ANSWERED YES TO QUESTION 8 AND NO TO QUESTION 9, PLEASE OMIT THE REMAINING QUESTIONS, SIGN ON REVERSE SIDE, AND RETURN. OTHERWISE, PLEASE CONTINUE.

10. SEX: 1. ☐ Male 2. ☐ Female

11. MARITAL STATUS: 1. ☐ Never Married 2. ☐ Married Now 3. ☐ Separated/Divorced 4. ☐ Widowed

12. RACE: 1. ☐ Caucasian 2. ☐ Negro 3. ☐ American Indian 4. ☐ Oriental or Asian
5. ☐ Other (Specify) _____

13. ARE YOU OF SPANISH ORIGIN OR DESCENT? 1. ☐ YES 2. ☐ NO

OFFICE USE ONLY

301

302

608

306

307

308

309

716

717

718

719

401

311

402

403

404

406

14. PLEASE INDICATE THE YEAR OF GRADUATION AND THE LOCATION OF THE SCHOOL THAT PROVIDED YOU WITH THE BASIC EDUCATION TO APPLY FOR THIS LICENSE:

Year of Graduation _____

State or Foreign Country _____

15. NUMBER OF YEARS ACTIVE IN CHIROPRACTIC MEDICINE SINCE TIME FIRST LICENSED BY ANY STATE: _____

16. DURING THE PAST 12 MONTHS HOW MANY WEEKS DID YOU WORK AS A CHIROPRACTOR FOR ONE OR MORE HOURS PER WEEK (Include paid vacation and sick leave):

IN MAINE _____ WEEKS ANY LOCATION _____ WEEKS

COMPLETE THE REMAINING QUESTIONS ONLY IF YOU ARE CURRENTLY ACTIVE

17. IN AN AVERAGE WEEK HOW MANY HOURS ARE SPENT IN THE FOLLOWING ACTIVITIES:

____ hrs. Providing patient care or client care or services (including regulated administrative duties, diagnosis and treatment, training provided students or trainees while providing patient care or services)

____ hrs. Teaching course(s)

____ hrs. Research

____ hrs. Administration (excluding administrative duties related to the care of patients)

____ hrs. Retail or wholesale trade

____ hrs. Other (Specify): _____

____ TOTAL

18. PLEASE INDICATE THE TYPE OF EMPLOYER FOR WHOM YOU WORK (Check only one):

SELF-EMPLOYED

11. ☐ Solo Practice or Single Owner Business

12. ☐ Partnership or Group Owned Business

EMPLOYEE OF NON-GOVERNMENTAL EMPLOYER

21. ☐ Individual Practitioner 22. ☐ Retail or Wholesale Trade 23. ☐ Partnership or Group of Practitioners

25. ☐ Other Non-Governmental Employer (Hospital, Nursing Home, School or Business)

EMPLOYEE OF GOVERNMENTAL EMPLOYER

31. ☐ Local Government

32. ☐ County Government

33. ☐ State Government

34. ☐ Federal Government (Civilian Employee)

35. ☐ Federal Government (Military)

OTHER FORM OF EMPLOYMENT

42. ☐ Other (Specify): _____

19. PLEASE INDICATE YOUR PRINCIPAL SETTING OF EMPLOYMENT (Check only one):

NON-FEDERAL HEALTH FACILITIES

11. ☐ Hospital

12. ☐ Nursing home, rest home, convalescent home, chronic disease hospital

13. ☐ Clinic, free standing

14. ☐ Group health plan facility

15. ☐ Practitioner's office

FEDERAL HEALTH FACILITIES

21. ☐ Health facility on military installation

22. ☐ V.A., Public Health, Indian Health and other federal facilities

SCHOOLS

32. ☐ School or college of nursing

33. ☐ University or college other than nursing

34. ☐ School or treatment center for the handicapped or disabled

35. ☐ Elementary or high school

36. ☐ Other schools

MISCELLANEOUS SETTING

41. ☐ Patients' homes

42. ☐ Medical research institution or establishment

43. ☐ Professional or allied health association

44. ☐ Administrative or regulatory health agency

BUSINESS ESTABLISHMENTS

51. ☐ Manufacturing or industrial establishment

52. ☐ Retail, wholesale or other business establishment

OTHER SETTINGS

71. ☐ Other type of setting (Specify): _____

OFFICE USE ONLY

502 _____

501 _____

504 _____

505 _____

612 _____

602 _____

601 _____

604 _____

SIGNATURE

DATE

OFFICE USE ONLY

0 1 2 3 4 5 6 7 8 9

88 80

1980 DENTIST RESOURCE INVENTORY

OFFICE USE ONLY

438

Please answer all questions and return with your licensure renewal. (Please print)

The Maine State Board of Dental Examiners, in conjunction with the Maine Dental Association, the Bureau of Health Planning and the National Center for Health Statistics, is conducting this resource inventory as a means of obtaining accurate and timely information on dentists. Please complete all questions. Licensure Renewal is not contingent upon completing this inventory, but your cooperation will be appreciated. Thank you.

W.W. Criles, D.M.D., Secretary

1. NAME: 101 Last 103 First 104 Initial

2. HOME ADDRESS: 201 Street 203 City 204 State 205 Zip

3. ARE YOU CURRENTLY ACTIVE IN THIS PROFESSION? (Currently active means working one or more hours per week in activities related to this profession. Mark YES even if you are temporarily disabled, on vacation, moving, or in private patient care but temporarily inactive for other reasons.)

1. ☐ YES 2. ☐ NO

4. IF YOU ARE NOT CURRENTLY EMPLOYED AS A DENTIST, PLEASE INDICATE YOUR ACTIVITY STATUS:

1. ☐ Working in another field and seeking work in dentistry
2. ☐ Working in another field and not seeking work in dentistry
3. ☐ Unemployed—seeking work in dentistry
4. ☐ Retired
5. ☐ Not working due to household responsibilities
6. ☐ In training in dentistry
7. ☐ Other (Please Specify):

WHAT WAS THE LAST MONTH AND YEAR THAT YOU WORKED IN DENTISTRY: Month Year

5. IF YOU ARE CURRENTLY EMPLOYED AS A DENTIST, PLEASE INDICATE THE ADDRESS OF YOUR PRIMARY PLACE OF EMPLOYMENT:

303 Primary Place of Work
304 Number and Street
310 City
State or Foreign Country Zip
TELEPHONE NO:

6. PLEASE INDICATE YOUR PLACE OF WORK, AS A DENTIST ONE YEAR AGO IF DIFFERENT FROM ABOVE:

City State or Foreign Country Zip

7. DATE OF BIRTH: Month Day Year

8. ARE YOU PRESENTLY LICENSED BY ANY STATE OTHER THAN MAINE FOR DENTISTRY?
☐ YES ☐ NO

9. DID YOU RESIDE OR PRACTICE IN MAINE DURING THE LAST 12 MONTHS? ☐ YES ☐ NO

IF YOU ANSWERED YES TO QUESTION 3 AND NO TO QUESTION 9, PLEASE OMIT THE REMAINING QUESTIONS, AND RETURN. OTHERWISE, PLEASE CONTINUE. THANK YOU.

10. SEX: 1. ☐ Male 2. ☐ Female

11. PLEASE INDICATE THE YEAR IN WHICH YOU RECEIVED YOUR DDS or DMD AND THE NAME OF THE DENTAL SCHOOL AT THAT TIME:

Year Graduation Name of Dental School State

12. IN WHAT STATE OR FOREIGN COUNTRY WERE YOU A LEGAL RESIDENT AT THE TIME YOU ENTERED DENTAL SCHOOL:

State or Foreign Country

13. PLEASE INDICATE ALL FORMAL ADVANCED TRAINING COMPLETED OTHER THAN DENTAL DEGREE BY PLACING THE APPROPRIATE YEAR COMPLETED BESIDE THE TRAINING FOR ALL THAT APPLY:

DENTAL		NON-DENTAL	
NONE	YEAR	NONE	YEAR
	General Practice Residency/Internship		Masters
	Specialty Training—Certificate		Doctorate
	Specialty Training—Masters Degree		Other (Specify)
	Board Qualified (Specify)		
	Other (Specify)		

14. HOW MANY CLASSROOM HOURS OF CONTINUING EDUCATION COURSES (i.e. SPONSOR IS ADA APPROVED) HAVE YOU ATTENDED DURING THE PAST 12 MONTHS?

Hours

15. NUMBER OF YEARS ACTIVE AS A DENTIST SINCE THE FIRST LICENSED BY ANY STATE:

16. DURING THE PAST 12 MONTHS HOW MANY WEEKS DID YOU WORK AS A DENTIST FOR ONE OR MORE HOURS PER WEEK (Include part vacation and sick leave):

IN MAINE WEEKS ANY LOCATION WEEKS

COMMITTEE ON RESEARCH COLLECTION ONLY IF YOU ARE ACTIVE OTHERWISE RETURN

OFFICE USE ONLY

301

302

606

306

307

308

309

716

717

718

719

401

311

402

502

602

501

506

615

619

620

504

505

612

17. HOURS USUALLY SPENT PER WEEK.

a. Providing Direct Patient Care

Hrs. (1) Endodontics
Hrs. (2) General Practice
Hrs. (3) Oral Pathology
Hrs. (4) Oral Surgery
Hrs. (5) Orthodontics
Hrs. (6) Pedodontics
Hrs. (7) Periodontics
Hrs. (8) Prosthodontics
Hrs. (9) Dental Public Health
TOTAL

b. Perform Other Duties

Hrs. (1) Teaching
Hrs. (2) Research
Hrs. (3) Administration (not related to patient care)
Hrs. (4) Retail-Wholesale Trade
Hrs. (5) Other (Specify)
TOTAL

18. PLEASE INDICATE THE TYPE OF EMPLOYER FOR WHOM YOU WORK (Check only one):

SELF-EMPLOYED

11. ☐ Solo Practice or Single Owner Business 12. ☐ Partnership or Group Owned Business

EMPLOYEE OF NON-GOVERNMENTAL EMPLOYER

21. ☐ Another Dentist 23. ☐ Partnership or Group of Practitioners
24. ☐ Group Health Plan Facility
25. ☐ Other Non-Governmental Employer (Hospital, Nursing Home, School or Business)

EMPLOYEE OF GOVERNMENTAL EMPLOYER

31. ☐ Local Government 32. ☐ County Government 33. ☐ State Government
34. ☐ Federal Government (Civilian Employee) 35. ☐ Federal Government (Military)

OTHER FORM OF EMPLOYMENT

41. ☐ Unpaid Voluntary Worker 42. ☐ Other (Specify):

19. PLEASE INDICATE YOUR PRINCIPAL SETTING OF EMPLOYMENT (Check only one):

NON-FEDERAL HEALTH FACILITIES

15. ☐ Practitioner's Office 16. ☐ Nursing home, rest home, convalescent home, chronic disease hospital
17. ☐ Clinic, free standing 18. ☐ Group health plan facility 19. ☐ Hospital

FEDERAL HEALTH FACILITIES

21. ☐ Health facility on military installation
22. ☐ U.S.A., Public Health, Indian Health and other federal facilities

MISCELLANEOUS SETTING

41. ☐ Patients' homes 42. ☐ Medical research institution or establishment
43. ☐ Professional or allied health association 44. ☐ Administrative or regulatory health agency
51. ☐ Manufacturing or industrial establishment
52. ☐ Retail, wholesale or other business establishment
71. ☐ Other type of setting (Specify)

20. DO YOU TREAT MEDICAID (TITLE 19) PATIENTS? 1. ☐ YES 2. ☐ NO

21. ARE YOU ACCEPTING NEW MEDICAID (TITLE 19) PATIENTS? 1. ☐ YES 2. ☐ NO

22. WHEN A PATIENT CALLS YOUR OFFICE, WHAT IS THE AVERAGE WAITING TIME BEFORE THEY ARE SCHEDULED (APPOINTED) FOR:

EMERGENCY CARE _____ WEEKS _____ DAYS

NON-EMERGENCY CARE _____ WEEKS _____ DAYS

(New Patient Exam., Recall, Prophylaxis)

ROUTINE CARE (By Dentist) _____ WEEKS _____ DAYS

23. IN HOW MANY DIFFERENT DENTAL PRACTICE LOCATIONS DO YOU CURRENTLY WORK?

____ LOCATIONS

IF YOUR ANSWER IS 1, RETURN. OTHERWISE CONTINUE

24. PLEASE INDICATE THE NUMBER OF HOURS PER WEEK YOU SPEND AT YOUR SECOND PRACTICE LOCATION:

25. PLEASE INDICATE BELOW FOR EACH OF YOUR PRACTICE LOCATIONS (EXCLUDING THE PRIMARY LOCATION GIVEN IN QUESTION 24) THE TYPE OF EMPLOYER FOR WHOM YOU WORK, USING THE CODES FROM QUESTION 17, AND THE MAILING ADDRESS.

EMPLOYER _____ ADDRESS _____

EMPLOYER _____ ADDRESS _____

OFFICE USE ONLY

602 _____

603 _____

621 _____

601 _____

604 _____

615 _____

616 _____

647 _____

618 _____

649 _____

640 _____

614 _____

622 _____

623 _____

624 _____

OFFICE USE ONLY
638____ 639____

12. MARITAL STATUS: 1. ☐ Never Married 2. ☐ Married Now 3. ☐ Separated Divorced 4. ☐ Widowed

OFFICE USE ONLY301302606306307308309716 _____717718719401311402403

13. PLEASE INDICATE THE YEAR OF GRADUATION AND THE EXACT NAME AND LOCATION OF YOUR BASIC DENTAL HYGIENE PROGRAM:

Year of Graduation

Name of School

State or Foreign Country

14. IN WHAT STATE OR FOREIGN COUNTRY WERE YOU A LEGAL RESIDENT AT THE TIME YOU ENTERED DENTAL HYGIENE SCHOOL? _____
State or Foreign Country

15. PLEASE CHECK ALL DENTAL HYGIENE EDUCATION PROGRAMS YOU HAVE COMPLETED:

- ☐ None ☐ Associate Degree
☐ Preceptor Training ☐ Bachelors Degree ☐ Other (Specify) _____
☐ Certificate or Diploma ☐ Masters Degree

16. PLEASE INDICATE THE HIGHEST NON-DENTAL HYGIENE DEGREE YOU HAVE COMPLETED:

- ☐ None ☐ Bachelors Degree ☐ Other (Specify) _____
☐ Diploma ☐ Masters Degree
☐ Associate Degree ☐ Doctorate

17. NUMBER OF YEARS ACTIVE IN DENTAL HYGIENE SINCE TIME FIRST LICENSED BY ANY STATE: _____

18. DURING THE PAST 12 MONTHS HOW MANY WEEKS DID YOU WORK AS A DENTAL HYGIENIST FOR ONE OR MORE HOURS PER WEEK (Include paid vacation and sick leave): IN MAINE _____ WEEKS ANY LOCATION _____ WEEKS

COMPLETE THE REMAINING QUESTIONS ONLY IF YOU ARE CURRENTLY ACTIVE

19. IN AN AVERAGE WEEK HOW MANY HOURS ARE SPENT IN THE FOLLOWING ACTIVITIES:

Direct Patient Care

- ____ Oral prophylaxis
____ Oral hygiene inspections
____ Oral health instruction
____ Other direct patient services
____ TOTAL

Other

- ____ Teaching dental and/or dental
auxiliary students
____ Administration
____ Other (Specify) _____
____ TOTAL

20. PRIMARY FORM OF EMPLOYMENT (Check only one):

EMPLOYED BY:

- 01 ☐ Dentist(s) Private ☐ Local Government
02 ☐ State Government ☐ Private Industry
03 ☐ Federal Government ☐ Other (Specify) _____

21. PRINCIPAL SETTING OF EMPLOYMENT (Check only one):

- 01 ☐ Private Dental Office(s) ☐ Clinic
02 ☐ Dental or Dental Auxiliary School ☐ Institution (Hospital, Nursing Home)
03 ☐ Elementary or Secondary School ☐ Other (Specify) _____

22. PLEASE INDICATE THE TOTAL NUMBER OF SEPARATE LOCATIONS IN WHICH YOU WORK: _____

23. PLEASE INDICATE THE NUMBER OF DENTISTS FOR WHOM YOU WORK BY TYPE OF DENTIST

- ____ None
____ General Practitioner
____ Periodontist
____ Pedodontist
____ Other

OFFICE USE ONLY

502 _____

609 _____

501 _____

506 _____

627 _____

503 _____

629 _____

504 _____

505 _____

612 _____

630 _____

602 _____

000

000

601 _____

604 _____

640 _____

641 _____

SIGNATURE

DATE

WE INVITE YOUR INQUIRIES INTO THIS DATA BASE FOR PURPOSES OF PLANNING SERVICES.
THANK YOU.

OFFICE USE ONLY									
1	2	3	4	5	6	7	8	9	0

OFFICE USE ONLY	
638	

OPTOMETRIST RESOURCE INVENTORY

Please answer all questions, sign and return with your licensure renewal. (Please Print)

The Maine State Board of Examination and Registration in Optometry, in conjunction with the Bureau of Health Planning and the National Center for Health Statistics, is conducting this resource inventory as a means of maintaining and updating accurate and timely information on optometrists. Please complete all questions. Licensure renewal is not contingent upon completing this inventory, but your cooperation will be appreciated. Thank you.

Maine Board of Optometry

1. NAME: _____
101 Last 103 First 104 Initial

2. HOME ADDRESS: _____
201 Street 203 City 204 State 205 Zip

3. LAST NAME AT BIRTH: _____
205

4. ARE YOU CURRENTLY ACTIVE IN THIS PROFESSION? (Currently active means working one or more hours per week in activities related to this profession. Mark YES even if you are temporarily ill or injured, on vacation, moving, in private patient care but temporarily inactive for other reasons.)
1. ☐ YES 2. ☐ NO

OFFICE USE ONLY

301 _____

5. IF YOU ARE NOT CURRENTLY EMPLOYED AS AN OPTOMETRIST PLEASE INDICATE YOUR ACTIVITY STATUS:

302 _____

1. ☐ Working in another field and seeking work in optometry
2. ☐ Working in another field and not seeking work in optometry
3. ☐ Unemployed—seeking work in optometry
4. ☐ Retired
5. ☐ Not working due to household responsibilities
6. ☐ In training in optometry
7. ☐ Other (Please Specify): _____

WHAT WAS THE LAST MONTH AND YEAR THAT YOU WORKED IN OPTOMETRIC ACTIVITIES? _____
Month Year

600 _____

6. IF YOU ARE CURRENTLY EMPLOYED AS AN OPTOMETRIST, PLEASE INDICATE THE ADDRESS OF YOUR PRIMARY PLACE OF EMPLOYMENT:

303 _____
Primary place of work

306 _____

304 _____
Number and Street

307 _____

310 _____
City

State or Foreign Country Zip

308 _____

309 _____

7. PLEASE INDICATE YOUR PLACE OF WORK AS AN OPTOMETRIST ONE YEAR AGO IF DIFFERENT FROM ABOVE:

City

State or Foreign Country Zip

716 _____

717 _____

718 _____

719 _____

8. DATE OF BIRTH: _____ PLACE OF BIRTH: _____
Month Day Year State or Foreign Country

401 _____

607 _____

9. ARE YOU PRESENTLY LICENSED BY ANY STATE OTHER THAN MAINE FOR OPTOMETRY? ☐ YES ☐ NO

10. DID YOU RESIDE OR PRACTICE IN MAINE DURING THE LAST 12 MONTHS? ☐ YES ☐ NO

311 _____

IF YOU ANSWERED YES TO QUESTION 9 AND NO TO QUESTION 10, PLEASE OMIT THE REMAINING QUESTIONS. SIGN ON REVERSE SIDE, AND RETURN. OTHERWISE, PLEASE CONTINUE.

11. SEX: 1. ☐ Male 2. ☐ Female

402 _____

12. RACE: 1. ☐ Caucasian 2. ☐ Negro 3. ☐ American Indian 4. ☐ Oriental or Asian
5. ☐ Other (Specify): _____

404 _____

13. ARE YOU OF SPANISH ORIGIN OR DESCENT? 1. ☐ YES 2. ☐ NO

406 _____

14. PLEASE INDICATE THE YEAR OF GRADUATION AND THE EXACT NAME AND LOCATION OF YOUR BASIC OPTOMETRIC TRAINING:

502 _____

609 _____

501 _____

Year of Graduation Name of Institution State or Foreign Country

15. PLEASE INDICATE YOUR EDUCATION OR HIGHEST DEGREE IN OPTOMETRY (Check only one)
5. ☐ Bachelor's Degree 7. ☐ O.D. Other (Please Specify): _____

503 _____

16. PLEASE INDICATE ALL NON-OPTOMETRIC DEGREES YOU HAVE RECEIVED:

617 _____

None Doctorate in Public Health Masters in Public Health Other Masters
Doctorate in Public Health Other Doctorate Other (Please Specify): _____

17. NUMBER OF YEARS ACTIVE IN OPTOMETRY SINCE TIME FIRST LICENSED BY ANY STATE _____
18. DURING THE PAST 12 MONTHS HOW MANY WEEKS DID YOU WORK AS AN OPTOMETRIST OR IN OPTOMETRIC RELATED ACTIVITIES FOR ONE OR MORE HOURS PER WEEK (include paid vacation and sick leave) IN MAINE _____ WEEKS ANY LOCATION _____ WEEKS

COMPLETE THE REMAINING QUESTIONS ONLY IF YOU ARE CURRENTLY ACTIVE

19. PLEASE INDICATE THE NUMBER OF HOURS SPENT IN THE FOLLOWING AREAS IN AN AVERAGE WEEK

____ hrs. Optometric Practice (include time spent in Patient Care in a Practice/Clinic) _____ hrs. Administration (in schools/colleges associations, etc.)

____ hrs. Teaching (courses) related to Optometry (include training of para-optometric personnel) _____ hrs. Other (Specify): _____

____ hrs. Research _____ TOTAL HOURS

20. PRIMARY FORM OF EMPLOYMENT (Check only one)

SELF-EMPLOYED:

01. _____ Sole practice 02. _____ Partnership 03. _____ Group owned practice or business
04. _____ Other (Specify): _____

EMPLOYED BY:

05. _____ Professional Corporation 06. _____ Optometrists 07. _____ Ophthalmologists
08. _____ Physician(s) other than Ophthalmologists 09. _____ School/College of Optometry
10. _____ Federal Government, Uniformed Service 11. _____ Federal Government, Civilian
12. _____ State, County, or Local Government 13. _____ Firm, Manufacturer, or other Business Organization (profit making)
14. _____ Non-Profit Organization or Institution
15. _____ Multidisciplinary Group Practice 16. _____ Group Health Plan
17. _____ Other (Please Specify): _____

21. PRINCIPAL SETTING OF EMPLOYMENT (Check only one):

1. _____ Practitioner's Office 2. _____ Hospital 3. _____ Optometric Center/Clinic
4. _____ Junior College, College, University 5. _____ Other (Please Specify): _____

22. PLEASE LIST YOUR PRIMARY, SECONDARY AND TERTIARY AREAS OF OPTOMETRIC PRACTICE (BY INDICATING 1, 2, and 3 ON THE FOLLOWING LIST):

11. _____ General Practice 16. _____ Industrial/Occupational/Environmental Vision
12. _____ Contact Lenses 17. _____ Public/Community Health
13. _____ Vision Training/Orthoptics 18. _____ Vision Screening
14. _____ Low/Subnormal Vision 19. _____ Anisokonia
15. _____ Developmental Vision 20. _____ Other (Specify): _____

23. DURING THE LAST 12 MONTHS, WHAT PERCENTAGE OF TIME WAS SPENT IN YOUR PRIMARY AREA OF OPTOMETRIC PRACTICE: _____ %

24. PLEASE ESTIMATE THE SIZE OF YOUR PRACTICE (the total number of patients for whom you have provided vision care in the past 24 months): _____ Size of Practice

25. FOR HOW MANY DIFFERENT PATIENTS DID YOU PERFORM COMPLETE VISION ANALYSIS DURING THE PAST 12 MONTHS: _____ Number

26. DO YOU EMPLOY ANY SUPPLEMENTARY PERSONNEL TO ASSIST YOU IN YOUR PRACTICE (include only persons who perform technical duties beyond those of a secretary/receptionist, for example, optometric assistants, technicians and technologists): 1. _____ YES 2. _____ NO

27. IF YOU HAVE A SECONDARY PRACTICE LOCATION, PLEASE INDICATE THE ADDRESS BELOW:

City _____ State _____ Zip _____

SIGNATURE _____

OFFICE USE ONLY

504 _____

505 _____

612 _____

602 _____ 010

631 _____

632 _____

603 _____ 1 1

634 _____

635 _____

636 _____

637 _____

622 _____

623 _____

624 _____

OFFICE USE ONLY

OFFICE USE ONLY
001

NURSING HOME ADMINISTRATOR RESOURCE INVENTORY

Please answer all questions, sign and return with your license renewal. (Please Print)

The Maine State Bureau of Health Planning and Development, in conjunction with the National Center for Health Statistics, is conducting this resource inventory of means of maintaining and updating accurate and timely information on our aging home administrators. Please complete all questions and RETURN IN THE ENCLOSED SELF-ADDRESSED STAMPED ENVELOPE, THANK YOU.

1. NAME:		
101 Last	103 First	104 Initial
101	103	104

2. HOME ADDRESS

201 Street	203 City	204 State	205 Zip

3. LAST NAME AT BIRTH: _____

4. ARE YOU CURRENTLY ACTIVE IN THIS PROFESSION? (Currently active means working one or more hours per week in activities related to this profession. Mark YES even if you are temporarily ill or injured, on vacation, moving, in private patient care but temporarily inactive for other reasons.)

1. ☐ YES 2. ☐ NO

5. IF YOU ARE NOT CURRENTLY EMPLOYED AS A NURSING HOME ADMINISTRATOR, PLEASE INDICATE YOUR ACTIVITY STATUS: 302

1. ☐ Working in another field and seeking work in nursing home administration

2. ☐ Working in another field and not seeking work in nursing home administration

3. ☐ Unemployed—looking for work in nursing home administration

4. ☐ Retired

5. ☐ Not working due to household responsibilities

6. ☐ In training in nursing home administration

7. ☐ Other (Please Specify): _____

WHAT WAS THE LAST MONTH AND YEAR THAT YOU WORKED IN NURSING HOME ADMINISTRATION: _____

Month	Year
_____	_____

F. IF YOU ARE CURRENTLY EMPLOYED AS A NURSING HOME ADMINISTRATOR, PLEASE INDICATE THE ADDRESS OF YOUR PRIMARY PLACE OF EMPLOYMENT:

300 _____

303 Primary Place of Work _____

304 Number and Street _____

310 City _____

State or Foreign Country _____ Zip _____

7. PLEASE INDICATE YOUR PLACE OF WORK AS A NURSING HOME ADMINISTRATOR ONE YEAR AGO IF DIFFERENT FROM ABOVE:

City _____ State or Foreign Country _____ Zip _____

B. DATE OF BIRTH: _____ 401

Month Day Year

8 ARE YOU PRESENTLY LICENSED BY ANY STATE OTHER THAN MAINE FOR NURSING HOME ADMINISTRATION? ☐ YES ☐ NO

10. DID YOU RESIDE OR PRACTICE IN MAINE DURING THE LAST 12 MONTHS? ☒ YES ☐ NO 341

IF YOU ANSWERED YES TO QUESTION 9 AND NO TO QUESTION 10, PLEASE OMIT THE REMAINING QUESTIONS, SIGN ON REVERSE SIDE, AND RETURN. OTHERWISE, PLEASE CONTINUE.

11. SEX: 1. ☒ Male 2. ☐ Female 402

12. MARITAL STATUS: 1. ☐ Never Married 2. ☐ Married Now 3. ☐ Separated/Divorced 4. ☐ Widowed 403

13. RACE: 1. ☐ Caucasian 2. ☐ Negro 3. ☐ American Indian 4. ☐ Oriental or Asian
5. ☐ Other (specify) _____

14. ARE YOU OF SPANISH ORIGIN OR DESCENT? 1. ☐ YES 2. ☐ NO

15. PLEASE INDICATE THE HIGHEST EDUCATION YOU HAVE COMPLETED:

1. ☐ Less than High School	5. ☐ Bachelor's Degree
2. ☐ High School Graduate or Equivalent	6. ☐ Master's Degree
3. ☐ Nursing Assistant Diploma	7. ☐ Doctorate Degree
4. ☐ Associate Degree or Certificate	

103

13. PLEASE INDICATE THE YEAR OF GRADUATION AND THE LOCATION OF THE SCHOOL THAT PROVIDED YOU WITH THE BASIC EDUCATION TO APPLY FOR THIS LICENSE.

Year of Graduation	State or Foreign Country
1964	Illinois

17. NUMBER OF YEARS ACTIVE IN NURSING HOME ADMINISTRATION SINCE TIME FIRST LICENSED BY ANY STATE _____

18. DURING THE PAST 12 MONTHS HOW MANY WEEKS DID YOU WORK AS A NURSING HOME ADMINISTRATOR FOR ONE OR MORE HOURS PER WEEK (include paid vacation and sick leave):

IN MAIN _____ WEEKS ANY LOCATION _____ WEEKS

COMPLETE THE REMAINING QUESTIONS ONLY IF YOU ARE CURRENTLY ACTIVE

19. IN AN AVERAGE WEEK HOW MANY HOURS ARE SPENT IN THE FOLLOWING ACTIVITIES:

____ hrs. Providing patient care or client care or services (including regulated administrative duties, diagnostics and treatment, training provided students or trainees while providing patient care or services)
____ hrs. Teaching courses
____ hrs. Research
____ hrs. Administration (excluding administrative duties related to the care of patients)
____ hrs. Retail or wholesale trade
____ hrs. Other (specify) _____
____ hrs. TOTAL

20. PLEASE INDICATE THE TYPE OF EMPLOYER FOR WHOM YOU WORK (Check only one):

SELF-EMPLOYED 11. ☐ Solo Practice or Single Owner business 12. ☐ Partnership or Group Owned Business

EMPLOYEE OF NON-GOVERNMENTAL EMPLOYER

21. ☐ Individual Practitioner 22. ☐ Retail or Wholesale Trade 23. ☐ Partnership or Group of Practitioners
25. ☐ Other Non-Governmental Employer (Hospital, Nursing Home, School or Business)

EMPLOYEE OF GOVERNMENTAL EMPLOYER

31. ☐ Local Government 32. ☐ County Government 33. ☐ State Government
34. ☐ Federal Government (Civilian Employee) 35. ☐ Federal Government (Armed Services)

OTHER FORM OF EMPLOYMENT

41. ☐ Unpaid Voluntary Worker

42. ☐ Other (Specify) _____

21. PLEASE INDICATE YOUR PRINCIPAL SETTING OF EMPLOYMENT (Check only one):

NON-FEDERAL HEALTH FACILITIES

11. ☐ Hospital 12. ☐ Nursing home, rest home, convalescent home, chronic disease hospital
13. ☐ Clinic, free standing 14. ☐ Group health plan facility 15. ☐ Practitioner's office

FEDERAL HEALTH FACILITIES

21. ☐ Health facility on military installation 22. ☐ U.S. Public Health, Indian Health and other federal facilities

SCHOOLS

32. ☐ School or college of nursing 33. ☐ University or college other than nursing
34. ☐ School or treatment center for the handicapped or disabled 35. ☐ Elementary or high school
36. ☐ Other schools

MISCELLANEOUS SETTING

41. ☐ Patients' homes 42. ☐ Medical research institution or establishment
43. ☐ Professional or allied health association 44. ☐ Administrative or regulatory health agency

BUSINESS ESTABLISHMENTS

51. ☐ Manufacturing or industrial establishment 52. ☐ Retail, wholesale or other business establishment

OTHER SETTINGS

71. ☐ Other type of setting (Specify) _____

OFFICE USE ONLY

504 _____

505 _____

512 _____

507 _____

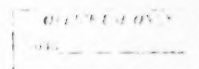
601 _____

603 _____

SIGNATURE _____

DATE _____

WE INVITE YOUR INQUIRIES INTO THIS DATA BASE FOR PURPOSES OF PLANNING SERVICES.
THANK YOU.



Please answer all questions, sign and return in the undated envelope. (Please Print)

The State of Illinois Board of Military Examiners, in conjunction with the Bureau of Military Service and the Department of Public Health, is conducting this inventory. We assure you that your information will be held in strictest confidence and will not be made available to the public. If you have any questions, please contact the nearest Department of Public Health inventory site. Your cooperation will be appreciated. Thank you.

Barry P. Foote, D.V.M.
Secretary

NAME		101 Last		102 First		104 Initial	
2. HOME ADDRESS							
201 Street		203 City		204 State		206 Zip	
3. LAST NAME AT BIRTH							
806							
4. ARE YOU CURRENTLY ACTIVE IN THE PROFESSION? (Currently means working on a full-time basis on work in your field related to this profession. Mark "YES" even if you are temporarily ill or injured, on vacation, moving, in paid or unpaid leave, or temporarily inactive for other reasons.)							
1. ☐ YES 2. ☐ NO							
5. IF YOU ARE NOT CURRENTLY EMPLOYED AS A VETERINARIAN, PLEASE INDICATE YOUR ACTIVITY STATUS							
1. ☐ Working in another field and seeking work in veterinary medicine							
2. ☐ Working in another field and not seeking work in veterinary medicine							
3. ☐ Unemployed (looking for work in veterinary medicine)							
4. ☐ Retired							
5. ☐ Not working due to household or family duties							
6. ☐ In training in veterinary medicine							
7. ☐ Other (Please specify): _____							
WHY WAS THE LAST MONTH AND YEAR THAT YOU WORKED IN VETERINARY MEDICINE							
Month _____ Year _____							
9. IF YOU ARE CURRENTLY EMPLOYED AS A VETERINARIAN, PLEASE INDICATE THE ADDRESS OF YOUR PRIMARY PLACE OF EMPLOYMENT							
300 Primary Place of Work							
301 Number and Street							
310 City							
State or Foreign Country _____ Zip _____							
7. PLEASE INDICATE YOUR PLACE OF BIRTH AS A VETERINARIAN ONE YEAR AGO IF DIFFERENT FROM ABOVE							
City _____ State or Foreign Country _____ Zip _____							
8. DATE OF BIRTH							
Month _____ Day _____ Year _____							
9. ARE YOU PRESENTLY LICENSED BY ANY STATE OTHER THAN MAINE FOR VETERINARY MEDICINE?							
1. ☐ YES 2. ☐ NO							
10. DID YOU RESIDE OR PRACTICE IN MAINE DURING THE LAST 12 MONTHS? 1. ☐ YES 2. ☐ NO							
IF YOU ANSWERED YES TO QUESTION 9 AND NO TO QUESTION 10, PLEASE OMIT THE REMAINING QUESTIONS, SIGN ON THE REVERSE SIDE, AND RETURN. OTHERWISE, PLEASE CONTINUE.							
11. SEX 1. ☐ Male 2. ☐ Female							
12. MARITAL STATUS 1. ☐ Never Married 2. ☐ Married Now 3. ☐ Separated/Divorced 4. ☐ Widowed							
13. RACE 1. ☐ Caucasian 2. ☐ Negro 3. ☐ American Indian 4. ☐ Chinese or Asian							
5. ☐ Other (Specify) _____							
14. ARE YOU OR SHARED CHILDREN OF DIFFERENT? 1. ☐ YES 2. ☐ NO							
15. PLEASE INDICATE THE YEAR OF GRADUATION AND THE LOCATION OF THE SCHOOL THAT GRADUATED YOU WITH THE NUMBER 1-2011. IF YOU HAVE A GRADUATE DEGREE							

16. NUMBER OF YEARS IN ACTIVE SMALL VETERINARY MEDICINE SINCE FIRST LICENSED BY ANY STATE

17. DURING THE PAST 12 MONTHS HOW MANY WEEKS DID YOU WORK AS A VETERINARIAN FOR ONE OR SEVERAL HOURS PER WEEK (Indicate for full-time and part-time)
IN MAINE _____ WEEKS IN ANY LOCATION _____ WEEKS

COMPLETE THE REMAINING QUESTIONS ONLY IF YOU ARE CURRENTLY ACTIVE

18. IN AN AVEINTEE BETWEEN HOW MANY HOURS WERE SPENT IN THE FOLLOWING ACTIVITIES

- ____ hrs. Providing medical care or client care or services (including regular and administrative duties, diagnosis and treatment, training, counseling, or other duties while providing patient care or services)
____ hrs. Teaching (clinical)
____ hrs. Research
____ hrs. Administration (excluding administrative duties related to the care of patients)
____ hrs. Public or professional travel
____ hrs. Other (Specify) _____
____ hrs. TOTAL

19. PLEASE INDICATE THE TYPE OF EMPLOYER FOR WHOM YOU WORK (Check only one)

SELF-EMPLOYED

11. ☐ Sole Practice or Single Owner Business 12. ☐ Partnership or Group Owned Business

EMPLOYEE OF NON-GOVERNMENTAL EMPLOYER

21. ☐ Individual Practitioner 22. ☐ Retail or Wholesale Trade 23. ☐ Partnership or Group of Practitioners
24. ☐ Other Non-Governmental Employer (Hospital, Nursing Home, School or Business)

EMPLOYEE OF GOVERNMENTAL EMPLOYER

31. ☐ Local Government 32. ☐ County Government 33. ☐ State Government
34. ☐ Federal Government (Civilian Employee) 35. ☐ Federal Government (Armed Services)

OTHER FORM OF EMPLOYMENT

41. ☐ Unpaid Voluntary Worker
42. ☐ Other (Specify) _____

20. REPRESENT YOUR SPECIALTY (Please list your primary, secondary and tertiary specialties by indicating 1, 2, and 3 on the following list)

- | | |
|---|---|
| 31. ☐ Anatomy | 18. ☐ Parasitology |
| 32. ☐ Biochemistry | 19. ☐ Pathology |
| 33. ☐ Bovine practice (exclusive) | 20. ☐ Pharmacology, Admin. |
| 34. ☐ Canine | 21. ☐ Pathology, Clinical |
| 35. ☐ Equine practice (exclusive) | 22. ☐ Pharmacology |
| 36. ☐ Equine practice (exclusive) | 23. ☐ Physiology |
| 37. ☐ Exotic | 24. ☐ Porcine practice (exclusive) |
| 38. ☐ Feline practice (exclusive) | 25. ☐ Poultry practice (exclusive) |
| 39. ☐ Laboratory animal medicine | 26. ☐ Radiology |
| 40. ☐ Large animal practice (all species) | 27. ☐ Regulatory (occupational medicine) |
| 41. ☐ Microbiology | 28. ☐ Small animal practice (exclusive) |
| 42. ☐ Military veterinary medicine | 29. ☐ Surgery |
| 43. ☐ Mixed practice (EQ, BO, large & small) | 30. ☐ Toxicology |
| 44. ☐ Mixed practice (low <50% large animal) | 31. ☐ Veterinary public health |
| 45. ☐ Mixed practice (low <50% small animal) | 32. ☐ Zoonosis |
| 46. ☐ Nutrition | 33. ☐ Other veterinary medicine |
| 47. ☐ Ophthalmology | |

21. PLEASE INDICATE YOUR PRINCIPAL SETTING OF EMPLOYMENT (Check only one)

ANIMAL TREATMENT SETTINGS

01. ☐ Small Animal Hospital 02. ☐ Large Animal Hospital 03. ☐ Farm or Ranch
04. ☐ Other Animal Treatment Setting

MISCELLANEOUS SETTINGS

21. ☐ Federal Health Facility or Military Institution
22. ☐ V.A. Medical Center, Indian Reservation or Other Federal Facilities
23. ☐ University or College
24. ☐ Medical Research Institution or Government 25. ☐ Professional or Allied Health Association
26. ☐ Administrative or Regulatory Health Agency
27. ☐ Manufacturing or Industrial Establishment 28. ☐ Retail Wholesale or Other Business Establishment
29. ☐ Other Type of Setting (Specify) _____

SIGNATURE

DATE

WE INVITE YOUR INQUIRIES INTO THIS DATA BASE FOR PURPOSES OF PLANNING SERVICES.
THANK YOU.